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The newsweekly for pharmacy

April 24, 1993

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JIC toes Civil Service pay line

Look to the EC urges Dove

Watts: BAPW's leading light

ABPI president says OAP script charge pending



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Kabi Pharm

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Comment

This week the president of the Association of the British Pharmaceutical Industry spoke at a lunch (p786) in what might have been a trial run of the speech he was to deliver to the Department of Trade and Industry president Michael Heseltine at the ABPI annual dinner on Thursday after *Chemist & Druggist* had gone to press. Time will tell whether Mr Siddall's words were tempered and tamed for Tarzan's ears on the night, but whatever the fact, his message was delivered earlier in the week.

Industry does not like the short, sharp, shock of an indiscriminate and unexpected major extension to the Selected List. Some companies will be devastated by the blacklisting of their products simply because they have the "wrong portfolio", while others will be immune from the Departmental blunderbuss for the same reason. Mr Siddall says bluntly that just because the Government has no five-year plan for projected NHS drug expenditure, it should not inflict its lack of forethought on companies which do have corporate strategies. The DoH's short-term fixes may have terminal effects on such forward thinking companies. Moreover, Mr Siddall suggests the long-term effect on the Government's balance of payment cash cow could be disastrous, with research blighted in the ten new therapeutic categories and prospects for jobs, novel drugs, and investment in drug companies at risk.

Much of this has been heard before but it still seems to fall on deaf ears at the Department. It is a sad reflection on

the DoH that, as the major customer of the UK pharmaceutical industry through its purchase of NHS drugs, at present it appears to be such an ineffectual and embarrassed "sponsor". Apparently, even the coal industry hatchet-man Heseltine is more industry-friendly this year than the superficially saccharin Virginia.

The new working party announced by Mr Siddall is a step in the right direction, not only for an industry which does not appreciate being regularly and ritually abused at the whim of the Government, but also for the National Insurance paying patient. Patients have a right to know where their next dose of salts is coming from, as it were — and not only where, but what and when.

Joe and Jean Public should be told that the UK drug industry has produced five of the world's top-15 selling medicines. However, what they will *know* is that, while today's potent drugs are more expensive than the "salts" of yesteryear, they deliver a cheaper, better quality treatment than, say, the surgery and hospitalisation of bygone days. But those drugs do have a price — and the UK industry price would seem to be a fair one, judging by Mr Siddall's figures.

Government healthcare mismanagement is in danger of lumbering OAPs with more costs, but it is a price that they and the public should be prepared to pay now for continually improving treatment in the years ahead! If industry bears the cost, it may not stand to deliver!

Pay concerns get good airing in local media

The possibility of one in four pharmacies in England and Wales closing as a result of the Department of Health's pay offer has made the headlines across the country.

Local newspaper coverage has pleased those co-ordinating the publicity campaign, although interest from the national media has been disappointing.

PSNC chairman David Sharpe and Barnet LPC chairman Adrian Korsner appeared on April 15 on "Newsroom South East", BBC TV's news programme for London and the Home Counties. Mr Korsner was filmed advising a customer on which medicine to choose, and customers and a GP said that the closure of his pharmacy would be a great loss.

Mr Sharpe then told the programme that he believed many pharmacies would close not only because they wouldn't qualify for the £6,000 a year allowance but also because of other changes to the fee structure.

The Pharmaceutical Services Negotiating Committee has been monitoring local coverage and asking LPC secretaries to tell them of any action taken. Assistant secretary Mike King said that analysis of replies from over half of LPCs showed that the vast majority had contacted their MPs, sent out press releases or done both.

A letter will be sent to all contractors at the end of this week explaining the current situation and hopefully encouraging a final push, he said.

Beverley Parkin, the public relations manager at the Royal Pharmaceutical Society, believes there has been local coverage of the issue because the pharmacy is often seen as central to community life.

Getting national coverage has tended to be more difficult but the Society is continuing to plug away at the national media, she says. "Hopefully its the sort of story that starts regionally and then progresses to a national level."

Ms Parkin is also encouraged by the level of response from MPs. She plans to prepare a briefing for MPs and to put together a feature on the value of pharmaceutical services which would be syndicated locally.

On a less encouraging note, Hemant Patel, chairman of the Pharmacy Support Group, says he is disappointed with the way that the publicity campaign, has been handled, describing it as "low key".

"What we had planned was

50-60,000 letters mailed to MPs in one week. What they do is in dribs and drabs so that the effect is minimal," he said. "The time to be gentlemanly is over. I'm not prepared to see a single pharmacy closed, be it in London or in Northumberland."

The PSG originally announced plans for an action pack which would include a poster and a

petition writing kit (C&D April 3 p595). Plans were put on hold but Mr Patel stresses that if the PSG doesn't like what PSNC produces, they will press ahead with their own plans.

• David Coleman and David Sharpe have written a joint letter to the chairman of the Conservative Medical Society, drawing attention to concerns

over the current DoH pay offer.

The president of the RPSGB and the chairman of the PSNC say they wish to alert Professor Brian Pritchard to the "damage to the pharmaceutical service that will inevitably occur should the Department's current proposals on restructuring remuneration be implemented without any adequate safeguards."



Lords hear of anxiety among pharmacists

Calls for a rethink of the Government's remuneration offer were voiced in the House of Lords during a debate on health in rural communities on April 15.

Lord Shackleton (Lab) led demands from the Opposition benches that the Government's approach to pharmacy should be

revised.

"A valuable component both in the medical and caring field is the local pharmacy and here I wish to ask the Minister whether the Government will revise the proposals which so far have aroused great anxiety among pharmacists," he said.

Lord Shackleton cited instances in Hampshire where pharmacies would be unable to survive, and warned "their withdrawal on financial grounds would be a tremendous loss to the local community".

Lord Beaumont of Whitley, for the Liberal Democrats, said there should be special financial arrangements to enable pharmacies to survive in areas of scattered population.

In her reply Baroness Cumberlege, the junior Health Minister, said the Government had reaffirmed its commitment to strengthen the Essential Small Pharmacy Scheme in the course of the current negotiations on pharmacists' fees.

Lady Cumberlege paid further tribute to the work of pharmacy in rural areas. She acknowledged that despite the ESP scheme access to a pharmacy was not always easy.

She confirmed that under present arrangements, before either a pharmacist or doctor started to dispense, the family health service authority checked to see whether there would be any detrimental effect on existing services.

Special LPC conference to be held before pay settled

A special LPC conference will be convened before any new pay deal is agreed with the Department of Health, the Pharmaceutical Services Negotiating Committee confirmed this week following its monthly meeting.

Last week it was disclosed (C&D p693) that Barnet Local Pharmaceutical Committee had gathered enough support from over 25 LPCs to demand that a special meeting should be held.

PSNC secretary Steve Axon said the conference was likely to be in June or July, but the exact timing depended on the progress of talks with the Department. LPCs would be given as much notice as possible.

"As far as the settlement — or lack of it — PSNC did decide that in view of the strength of feeling and the large difference between the DoH offer and what the PSNC would wish to negotiate, there would be a conference of LPCs delegates before a settlement is agreed," he said.

All contractors will be mailed by PSNC this week with a letter from chairman David Sharpe urging them to keep up the pressure on the public relations front. Each letter will contain a poster warning of the potential loss of pharmacies to local communities, and a petition form which customers can be asked to sign.

PSG address pay offer concerns to John Major

Letters asking for the Prime Minister's support for small pharmacies, in light of the recent remuneration offer, have been handed over to senior Tory MPs by the Pharmacy Support Group. PSG chairman Hemant Patel

attended a reception at the Commonwealth Institute on April 14, and although he was promised a couple of minutes of the Prime Minister's time, he was unable to speak to him directly.

Instead letters asking for Mr Major's help and support were handed to Tory MPs Norman Fowler and Angela Rumbold, who accepted them on the Prime Minister's behalf.

In the letter, Mr Patel describes the Department of Health's offer as "not only a cruel rejection of their (pharmacists) professional services but callous disregard for the welfare of their staff and families."

It continues: "In the name of improving efficiency, fundamental changes are being rushed through

which will, in effect, strangle small pharmacies by means of financial attrition — there will not be any compensation or redundancy payments."

The letter asks the Prime Minister to help furnish answers to a number of questions including "What is the hidden agenda?" and "What is the reason for throwing about 8,000 skilled staff and tax payers on the dole queue?"

Asked how the meeting had gone, Mr Patel told *C&D* he was very pleased. "We achieved more than I could have hoped for," he said, adding that he strongly suspects there could be a change of mood in the Government.

Mr Patel also used the occasion to talk to journalists who, he said, took note of the situation.



Hemant Patel with Norman Fowler

JIC rates in line with 1.5pc civil service rise

The National Joint Industrial Council for retail pharmacy (England and Wales) has agreed the new rates of pay and conditions of employment from April this year.

An extra £1.67 a week will be

added to the minimum shop assistant rate which represents a 1.5 per cent rise. Dispensing assistants minimum rates will also increase by 1.5 per cent.

The minimum salary for pharmacists has been increased

by 1.5 per cent. Managers will also receive the same rise on minimum salary with the turnover band being uplifted to account for drug inflation at 7.1 per cent. Rota payments have not yet been agreed.

The wages shown in the tables below are based on a normal working week of 39 hours.

Agreement for pharmacists Minimum annual salary scales

Pharmacist managers and manageresses

| Weekly turnover | London | Provincial |
|------------------|---------|------------|
| £3,278 to £3,603 | £11,154 | £11,002 |
| £3,604 to £3,693 | £11,374 | £11,224 |
| £3,694 to £4,363 | £11,604 | £11,449 |
| £4,364 to £4,799 | £11,837 | £11,675 |
| £4,800 to 5,294 | £12,071 | £11,910 |
| £5,295 to £5,806 | £12,315 | £12,148 |
| £5,807 to £6,384 | £12,559 | £12,388 |
| £6,385 to £7,025 | £12,836 | £12,637 |
| £7,026 to £7,727 | £13,067 | £12,893 |
| £7,728 to £8,500 | £13,329 | £13,148 |
| £8,501 and over | £13,597 | £13,410 |

Pharmacists

| | | |
|-------------|--------|--------|
| First year | £8,263 | £8,116 |
| Second year | £8,550 | £8,406 |

Rota payments: to be agreed

Agreement for dispensing assistants and shop assistants Minimum weekly rates from April 5

Dispensing assistants

| Age | London | Provincial |
|-----|---------|------------|
| 20 | £123.17 | £122.46 |
| 21 | £126.34 | £125.59 |

Shop assistants

| | | |
|----|---------|---------|
| 16 | £73.65 | £73.29 |
| 17 | £85.00 | £84.57 |
| 18 | £96.29 | £95.85 |
| 19 | £113.27 | £112.78 |

Special Relief: The Dispensing and Shop Assistants Agreement permits an employer providing an essential pharmaceutical service and who is suffering special economic, financial or trading difficulties to apply for the authority to pay up to 15 per cent lower rates if the combined NHS and counter turnover is less than £4,580 per week.

Betnovate sold without prescription

An inspector was able to buy a potent steroid — widely abused by black people to lighten skin colour — without a prescription, from a London pharmacy, the Pharmaceutical Society's Statutory Committee was told on Tuesday.

The inspector, Mrs Jacqueline Riley, paid an anonymous visit to Mr Kantilal Mistry's shop in Station Parade, Willesden Green, and was able to buy Betnovate without a script and without a pharmacist present.

The sale of the cream in these circumstances was contrary to the Medicines Act of 1968, Mr Josselin Hill, solicitor for the Society, told the hearing at which Mr Mistry of Purley Avenue, Willesden Green, was accused of misconduct.

As a result of Mrs Riley's visit on July 26, 1991, Mr Mistry later pleaded guilty at Brent Magistrates Court to two breaches of the Act and was fined £300 with costs of £1,000.

Mrs Riley visited the shop after reports that Betnovate was being sold without a prescription. She asked an assistant for Betnovate. The assistant took out two tubes and sold her one for £4. She was not asked for a prescription and there was no sign of a pharmacist at the shop.

When the inspectors later returned, Mr Mistry said the sale must have been a mistake on the part of a member of staff, although he took responsibility.

"He said there were times when Africans or people with skin problems come in and he would ask local doctors for a private prescription. He said doctors from Nigeria sometimes came in and bought Betnovate to take back to Nigeria for patients," said Mr Hill.

An inspector, Miss Janet Edgington, said Mr Mistry had told her he had been out for a hair cut when Mrs Riley came to his pharmacy.

Speaking through his lawyer, Mr Mistry expressed his "deep regret" for what had happened. However, said Mr G. Thanki, there was no evidence that there had been any large scale sale of the cream from the premises.

The Committee found Mr Mistry not guilty of misconduct but reprimanded him after finding the convictions against him proved. Committee Chairman Mr Gary Flather QC said there was no evidence of misuse of Betnovate in this case.

Placing Betnovate with other non-prescription drugs was "undoubtedly bad practice" but it did happen and the Committee did not consider it amounted to misconduct. Mr Mistry had acted to remedy this bad practice.

Boots' locums once again self-employed

From May 1 locums working for Boots the Chemists will be engaged on a revised contract which makes them self-employed in the eyes of the tax man.

They will no longer be treated as Boots' employees or be subject to PAYE deductions. The Inland Revenue had refused to accept them as self-employed under the present arrangements.

Although locums were engaged as employees on short-term contracts, they were not entitled to company benefits such as sick pay or holiday, so will not be losing any benefits under the new contract. They will now have to pay their own tax and national insurance contributions.

Provincial Pharmacy Locum Services have been fighting since 1991 for locum pharmacists to maintain their self-employed status. Managing director Mark Koziol says the Boots' move will make life much less complicated for locums who want to work occasionally for Boots as well as others. He believes the campaign has encouraged major multiples to tighten up locum practices which made them easy targets for the Inland Revenue.

PIA launches PI insurance linked to CE commitment

A professional indemnity insurance package, designed for the individual pharmacist and linked to continuing education, has been launched by the Pharmacy Insurance Agency.

First detailed at the National Association of Women Pharmacists conference, the policy is the second in a series of three PI packages from PIA. The first, for hospital pharmacists was launched last month while the third, for locums, will be ready in three to four weeks time, PIA's Mark Koziol told C&D.

Historically, cover for an individual pharmacist has been provided by the employer, he explained. However, in the event of a claim from a patient, any ensuing action taken by the employer's insurance company may well serve the employers interest and leave the employee exposed. Then there are situations where the employee and employer are in conflict.

The policy offers a choice of cover. Level one provides a limit of £25,000 worth of legal cover, and level two provides professional indemnity insurance to a limit of £1,500,000. Level three cover provides both benefits.

PIA have also taken the step of offering discounts on level two premiums for pharmacists who fulfill certain criteria with regard to continuing education.

"We are a company run by pharmacists and are very keen to see the profession striving to improve standards of practice," says Mr Koziol. PIA sees participation in CE as one way of contributing to this and describes linking this to premiums as a "positive move".

Pharmacy numbers up for March

There have been 26 pharmacies added to the Register in March with 23 premises being deleted, leaving a total of 11,936, over 40 down on the start of the year.

Three of the new pharmacies are hospital trusts but two hospital trust pharmacies have also been deleted from the Register. Also one health centre pharmacy has been lost.

London is the only region which had a net loss of pharmacies in March with one closure.

Boots have gained three pharmacies, with Moss Chemists and Tesco increasing their numbers by two each.

Additions to Part VIII of May Tariff postponed

A number of additions to Part VIII, Category C of the May Drug Tariff have been postponed following disagreement between the Department of Health and the Pharmaceutical Services Negotiating Committee.

The changes, listed in the April Drug Tariff under the advance notification section, were due to come into effect on May 1. To date is no indication of when these proposed changes will take place.

Dr Gordon Geddes, PSNC assistant secretary, told C&D that the disagreement arose when the DoH wanted to price the products in question on a particular basis and PSNC wanted them priced on another. The Department was on the point of imposing the additions, he said.

However, Dr Geddes stresses that following further discussions the PSNC and DoH have reached an agreement on the matter. The changes will be implemented at some time in the future.

Part VIII of the Drug Tariff deals with the basic prices of drugs. Category C products are priced on the basis of a particular brand or manufacturer.

The April Drug Tariff listed 28 products which would be added to Category C from May 1. Two products were to be added to

Category A from the same date.

The Prescription Pricing Authority said that the vast majority of the notified additions had been postponed although they had not been told the full reasons why.

Of those notified in the April Drug Tariff five will still be added to Category C from May 1. These are:

- Clotrimazole cream BP 1 per cent w/w 50g (the 20g size will not be added)
- Methotrexate tablets BP 2.5mg 100
- Sulpiride tablets 200mg 28, 112
- Thioridazine tablets BP 25mg 100
- Timolol tablets BP 10mg 100 (Syn: Timolol maleate tablets 10mg)

Isosorbide dinitrate tablets BP 10mg 100 (syn: Sorbide nitrate tablets 10mg) will be added to Category A of Part VIII but Sodium valproate tablets 200mg e/c 100 will not.

● Despite the lack of warning, John Richardson Computers are advising customers that they have been able to incorporate these changes into their monthly product file. Users will receive these changes by early next week (week commencing April 26).

Conservatives question Selected List savings

Lord Jenkin of Roding, the former Conservative Health Secretary, has questioned the effectiveness of the Selected List.

Speaking in a debate in the House of Lords, he said the more he studied its effect and how it had worked in practice, the more he had come to doubt whether it was a sensible measure.

Citing the example of antacids, he said the chief beneficiary had been Reckitt & Colman because their Gaviskon brand was the one product still available with which most GPs were familiar and it was at a higher price than the competition.

Manufacturers of some of the blacklisted antacids dropped their prices and in consequence were allowed to be prescribed again.

Lord Jenkin welcomed an assurance by the Government that "very careful steps" would be taken before the new Selected List was drawn up.

Another former Secretary of State for Health, Lord Ennals, asked why contraceptives were included in the proposed

extension to the List. "If we look at the 'Health of the Nation' we see that one of the targets is to decrease the number of unwanted children we have... I believe the Government has got this seriously wrong."

Baroness Cumberlege, the junior Health Minister, gave an assurance that the Government was opposed to the cost of drugs being shifted from hospitals to the budgets of family doctors.

The Government had always applied the rule that the responsibility for prescribing rested with the doctor holding clinical responsibility for treating the patient.

Lady Cumberlege emphasised that GP fundholders had a direct interest in improving the cost effectiveness of prescribing because they could retain any savings to reduce the demand on the hospital referral element of their budget. In 1991-92 fundholders' prescribing costs increased by an average of 3 per cent less than those of other GPs, and without any loss of quality."

No free scripts?

Ministers are being pressed to withdraw free prescriptions for well-off pensioners and pregnant women, according to a report in the *Mail on Sunday* (April 18). The controversial move would reduce numbers exempt from script charges by 4 million and would cut about £800m off the taxpayers bill, says the report. Right-wing Tory MPs are said to want eligibility based more closely on income than on age or status.

Flu epidemic

The number of patients visiting the doctors with flu-like symptoms has risen to near epidemic levels, says a report in *Pulse* (April 17). They quote figures from the RCGP that show flu-like illnesses peaked at 89.9 per 100,000 population during March. A rate of 100 cases per 100,000 is an epidemic.

Melanoma scanner

A computer scanner could lead to early detection of skin cancer. The Skinview machine has a camera linked to a computer and recognises eight key features of malignant melanoma. After scanning the person's iris and a part of the skin not exposed to sun light, it can analyse a suspicious lesion and provide a diagnosis in one minute.

Osteoporosis pack

All general practices are being sent an osteoporosis information pack as part of a campaign by the National Osteoporosis Society to show that the condition is preventable and treatable. The pack has information for doctors, practice nurses and patients plus details on the Society's work. For details call 0761 432472.

Tacrine favoured by FDA

The advisory committee to the Food and Drugs Administration in the US will recommend early approval of the cholinesterase inhibitor tacrine (Cognex) for the treatment of Alzheimer's disease. The FDA is not obliged to accept the recommendation but a spokesman from Parke-Davis says the advice is rarely rejected.

The manufacturers Parke-Davis applied for a UK product licence in 1989. The company is still discussing with the Medicines Control Agency the data to be produced for the final appraisal of the application.

A reduced synthesis of acetylcholine is consistent with Alzheimer's disease.

In an early study, later rejected by the FDA, tacrine showed improvements in Alzheimer's.

Self-help list for pharmacy

A new directory of self-help groups is being sent to all pharmacies in England, Scotland and Wales.

Produced and distributed by the Royal Pharmaceutical Society and the National Pharmaceutical Association, the guide is sponsored by Marion Merrell Dow.

With the Community Care Act, which came into force on April 1, there will be more people with special needs in the community. Pharmacists will be able to guide on groups which help carers, the elderly and the disabled.

Welcoming the guide, Lord Rix, chairman of Mencap, said: "Community care means primary care and we forget the pharmacist's role in primary care at our peril. There has been increasing emphasis in recent years on the pharmacist as a source of advice and not just a purveyor of pills."

Diet industry under attack

Promises made by the diet industry should be challenged under the Trades Descriptions Act and consumers should be more willing to demand their money back, according to the founder of an anti-dieting campaign.

Mary Evans Young, founder of Diet Breakers, argues that Britain is in the grip of a dieting epidemic so widespread that 90 per cent of women and girls will diet at some time in their lives. She is calling for May 5 to be designated "National No Diet Day".

Writing in the National Consumer Council's magazine *Consumer Voice*, Ms Young also calls for the health risks of dieting to be made clear on packs.

Survey on psychiatric illness

Work has begun on the first ever Government-backed, nationwide survey on mental illness in the adult population.

The survey will estimate the prevalence of different types of mental illness and will investigate associated social disabilities, variation in the use of health, social and voluntary care services and the risk factors associated with mental illness.

The survey, conducted by the Office of Population Censuses and Surveys, will take until mid-1995. It will look at distinct groups of the 16 to 64 age group and will include a random survey of 18,000 private households.



Encouraging a sense of Wellbeing

The first issue of *Wellbeing* has just been published by the National Pharmaceutical Association, and in the covering letter the Association has led with its chin and invited my comments. Not personally, of course, but anonymously. It is an invitation gratefully accepted.

Wellbeing is an initiative all community pharmacists should welcome because its principal aim must be to raise the profile of those community pharmacists who are members of the NPA. In terms of self-promotion this first issue was fairly low key, and I can understand the problems of the NPA in reconciling the requirements of their diverse membership. Nevertheless, I would like to see future issues encouraging the reader to use their local pharmacy in preference to the High Street megastores.

For a first issue the magazine was excellent, however, I did find some of the reverse and heavy printing difficult to read (probably my age!) and the informative articles were a little too high-powered for some of my clientele. In future issues I would like to see a few coupon offers drawing customers back to my shop, and the suggestion of a cover price dropped in

favour of a positive statement to the effect that the customer is receiving their copy with my compliments. For this privilege I would be happy to pay an annual contribution to the costs of production when a space could be reserved on the back cover for my pharmacy stamp.

I know *Wellbeing* requires constructive criticism to develop but I would also like to see direct editorial input from community pharmacists. There are many latent journalists out there just waiting for the opportunity to help educate the public. Their own magazine must be the ideal medium in which to develop those talents, and at the same time promote community pharmacy.

The NPA must be congratulated for this initiative and an excellent first effort.

Wellbeing brilliantly complements the long-running NPA advertising campaign and will continue to keep community pharmacy uppermost in the public mind. With our support I know it will quickly become essential reading for all our customers.

No logic to Ciproxin 750mg

One of the most successful recently introduced antibiotics has been Bayer's Ciproxin. The drug was first introduced as a 250mg tablet, which continues to be the preferred strength, followed last year by 500mg and now a 750mg tablet has been introduced (C&D last week p700) for particularly severe infections.

So far I have never received a prescription calling for 750mg twice a day, but when I do I anticipate that it will be urgently required. Ciproxin, however, unlike the majority of antibiotics on the market, has a price penalty for dispensing multiples of 250mg tablets against prescriptions calling for higher doses. The result is that to satisfy my professional responsibilities I should keep at

least one pack of 10 x 750mg tablets in stock at a cost of £20 or dispense, when the eventuality arises, 30 tablets of 250mg. In the latter case I will immediately lose £2.50 courtesy of Bayer.

This pricing structure appears to have been deliberately aimed at achieving maximum distribution when usage, reasonable enough to warrant the stocking of all three strengths, would be severely limited. I can see no rationale behind the policy other than self-interest (and the differential applies to the 500mg strength as well), but Bayer should not forget that they also rely on the community pharmacist for sustained sales in the OTC sector. An ethical policy which compromises that relationship could, in the long term, be to their disadvantage.

Nice one, Hemant Patel!

I have nothing but admiration for Hemant Patel, founder of the Pharmacy Support Group, for his hard-hitting public relations campaign aimed at convincing those who make the decisions that community pharmacists, and the public they serve, are deserving of a better deal than that arrogantly suggested by the Department of Health.

His activity, representing so many community pharmacists, is all the more impressive because this is a genuine grass roots reaction to a bureaucratic injustice that, when presented with simplistic fervour, may do more to sway our political masters than many a high-powered session on intricate arguments between PSNC and officials of the DoH.

I would love Hemant to have his ten point plan accepted as fair and reasonable, but even if he only succeeds in concentrating the minds of politicians and presenting our case in its true perspective, he will have done a great service to community pharmacy.

Topical REFLECTIONS

Scriptspecials

Nipent success in leukaemia

Nipent (pentostatin or 2-deoxycoformycin/DCF) is now available as a first line treatment for hairy cell leukaemia (HCL).

Nipent is a potent inhibitor of the enzyme adenosine which plays an important role in lymphocyte maturation and function. Its precise mechanism of antitumour action in HCL is not known.

HCL is a rare chronic leukaemia which affects between 400-5,000 people in the UK. The disease occurs in males five to six times more frequently than in females and predominantly

affects middle-aged males.

The disease is characterised by large cells with projections of cytoplasm which give the cells their "hairy" appearance.

Until recently the prognosis was very poor and death usually occurred three to four years after diagnosis. Splenectomy only cures a small proportion of patients and most treated patients require other treatments.

The introduction of alpha-interferon (alpha-IFN) in the 1980s was the first major advance in the treatment of HCL. It must be administered three times weekly by injection for up to two years. Although there is a high response rate for the alpha-IFN treatment, less than half enter complete remission and nearly all relapse slowly.

Professor Daniel Catovsky, of the Royal Marsden Hospital treated 110 HCL patients with DCF at the recommended dosage of 4mg/m² once a fortnight. The overall response rate was 97 per cent, complete remission was

achieved in 75 per cent of patients, partial remission in 22 per cent and only three per cent showed no response. Patients were followed up for four years after the treatment was stopped. It is also significant that the response to DCF and the disease free period after remission has no relation to the number of DCF injections, previous use of alpha-IFN or splenectomy.

After five years the survival rate was about 90 per cent and half the deaths were from unrelated causes.

Nipent is presented as a sterile powder in single dose vials, each containing 10mg DCF. The powder is reconstituted by adding 5ml of sterile water for injection and the solution is then administered intravenously. Each vial of Nipent is available at a basic NHS cost of £774.

Lederle Laboratories, who will be distributing the product for the licence holders Parke Davis, say Nipent's shorter treatment regime makes it a cost-effective alternative to alpha-IFN.

Nipent is contra-indicated in pregnancy, patients with impaired renal function and patients with active infection. Although it induces immunosuppression, severe opportunistic infections do not appear to be a problem.

In a study of 271 patients, over half experienced no toxicity and around three per cent suffered severe toxicity such as nausea and vomiting.

Although Professor Catovsky did not describe Nipent as a "cure for HCL" he said it was "a treatment associated with a high remission rate, prolonged disease-free survival and minimal or no toxicity". **Lederle Laboratories. Tel: 0329 224000.**

Ilube eye drops

Ilube eye drops will be on restricted supply for a short period due to a delay in supply of packaging. Cusi (UK) Ltd say every effort is being made to rectify the situation quickly and they apologise to their customers for any inconvenience caused. **Cusi (UK) Ltd. Tel: 0428 661078.**

Caprin to Sinclair

Sinclair Pharmaceuticals are taking over the marketing of Caprin from Monmouth Pharmaceuticals. Stocks of Monmouth-labelled product may be used to meet immediate orders, and the price is unchanged. **Sinclair Pharmaceuticals Ltd. Tel: 0483 426644.**

Micropaque

Bioglan Laboratories have assumed responsibility for the distribution of Micropaque HD, and orders may be placed via wholesale suppliers or direct from the company. Due to continuing supply delays, Bioglan have taken the decision to discontinue Micropaque Standard. **Bioglan Laboratories Ltd. Tel: 0462 438444.**

Prozac liquid price

The trade price of Prozac liquid 70ml has been reduced from £29.91 to £19.39 with effect from April 26. **Lilly Industries Ltd. Tel: 0256 473241.**

Diocetyl tablets

Medo Pharmaceuticals say that Diocetyl tablets will be available from wholesalers with effect from the middle of April. The company regret the inconvenience caused by the manufacturing difficulties, and say that they have worked closely with their supplier to overcome them. **Medo Pharmaceuticals. tel: 0494 772071.**

Safety of Serevent confirmed

Results of a nationwide surveillance study comparing the safety of salmeterol and salbutamol have been published in this week's *British Medical Journal*.

The double-blind, randomised clinical trial involving over 25,000 asthma patients, carried out by research teams at Glaxo and Allen & Hanburys, confirmed the safety of salmeterol (Serevent).

Twice as many patients (16,787) were assigned to salmeterol 50mcg twice daily, as to salbutamol 200mcg four times daily (8393), for sixteen weeks.

Treatment over the study period with either drug was not associated with a greater than predicted incidence of deaths related to asthma. The 14 deaths from asthma were in patients with severe asthma. The numerical excess of deaths in the salmeterol group, compared with salbutamol was not significant.

The authors concluded that overall control of asthma was better in patients allocated to salmeterol, as judged by significantly fewer withdrawals from the study because of worsening disease.

The incidence of side effects suspected as being related to the drugs was low and there was no evidence of any previously unrecognised side effect of salmeterol or salbutamol.

Severe adverse events occurred in the patients with more severe disease at entry to the study and were probably due to the disease rather than the treatment. Use of more than two canisters of bronchodilator a month was particularly associated with the occurrence of an adverse asthma event.

For ten of the patients who died the independent consultants, appointed by the National Asthma Campaign, considered that their asthma could possibly have been more appropriately treated by earlier or higher doses of corticosteroids.

As a result Glaxo have altered all their data sheets for drugs used to treat asthma to improve the information to doctors on the treatments for the disease, especially when it is severe or unstable.

● An Action Asthma survey on 20,000 asthmatic children has been published this week (p775).

Low fat diets questioned in women

Experts are questioning the wisdom of promoting cholesterol-lowering diets in women.

A study of more than 15,000 adults in Scotland, published in *The Lancet* last year, found that although women were more likely to have higher cholesterol levels than men, they were less likely to die of coronary heart disease. Even women with the highest levels were less likely to die from CHD than men with the lowest levels.

Dr Christopher Isles from Dumfries and Galloway Royal Infirmary, who was involved in the study, said last week the results suggest that women are protected by other factors such as oestrogen.

Dr Ann Walker, senior lecturer in nutrition and food science, Reading University, believes women should be given new dietary guidelines.

She advises women to stop smoking, double their intake of fruit and vegetables, consider taking anti-oxidant supplements, consume a variety of fats and oils, eat starchy foods such as bread and pasta and, if slimming, lose weight slowly.

The Family Heart Association agrees that diet must be seen as part of broader lifestyle issues in CHD prevention, but is sticking to its advice that men and women with high cholesterol levels should limit their fat intake, particularly of saturated fats.

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With the arrival of new Lotion E45, the E45 range now offers dry skin care with a lighter touch.

A valuable adjunct to Cream E45, this effective dermatological moisturiser spreads easily over large areas of dry, sensitive, flaking or chapped skin – without feeling greasy.

Like Cream E45, Lotion E45 is unperfumed, tested to dermatological standards and formulated with hypoallergenic lanolin to ensure greater skin tolerance.

Since customers' needs vary, it's not surprising they are responding to this new E45 texture with great enthusiasm. And the latest research among non-E45 users shows that 58% are likely to buy Lotion E45.¹

That means the E45 range will bring you even more customers, especially in view of our extensive consumer advertising.

So make sure you stock new Lotion E45 and recommend it to all those who prefer their E45 assets to be more liquid.



NEW LOTION E45 ESSENTIAL MOISTURE REPLACEMENT

REFERENCE: 1. Data on file, Crookes Healthcare Ltd

Counterpoints

Just You wipes for Simply Gentle

Just You is a new range of cosmetic remover wipes for Macdonald & Taylor's Simply Gentle range.

There are three products in the range: eye make-up remover wipes containing vitamin E, make-up remover wipes with aloe vera and nail polish remover wipes with conditioning oil. The wipes are fragrance-free and contain no alcohol or lanolin.

Each variant comes in a flip top pack holding 40 wipes (£1.47). A point of sale display container holding 36 units is available.

The launch will be backed by national advertising and promotions. **Macdonald & Taylor Ltd. Tel: 061-627 3848.**

Unichem host Spring offers

Unichem offers for independent pharmacies during May include promotions on Silvikrin, Vidal Sassoon, L'Oreal, Slim Fast and Impulse.

Discounts on Silvikrin include a trade price of £7.65 for a 12 pack of hairspray, with a 29 per cent discount off Gold Partner accounts.

Wash & Go is reduced in price, down to £9.03 for a six-pack, with 24 per cent off for Gold Partners.

Impulse body spray is offered at £7.61 for a six pack, with 21 per cent off for Gold Partners. Impulse shower gel is also discounted at £6.39 for a pack of six.

L'Oreal Freestyle mousse is on special offer at £18.71 for a 12 pack, with Gold Partners receiving a 39 per cent discount.

Slim Fast is offered at £26.16 for six counts, with Gold Partners receiving a 22 per cent discount. **Unichem. Tel: 081-391 2323.**



Steradent helps with denture care

Reckitt & Colman have extended their Steradent leaflet range with the addition of "Caring for partial dentures".

The leaflet focusses on the importance of a good oral hygiene routine for partial dentures and how to look after them. It has been written by David Murray, head of the prosthodontics department

at Newcastle Dental School. Illustrated in colour, it highlights common denture problems such as stomatitis.

To obtain copies of the leaflet, send an A5 SAE to: Caring for partial dentures, Steradent Information Service, 15 Huntsworth Mews, London NW1 6DD. **Reckitt & Colman. Tel: 0482 26151.**

Tisserand gets essential additions

Tisserand have extended their range of pure essential oils available with the addition of eight new products.

Carrot Seed oil (£7.90), May Chang (£3.90), Palmarosa (£5.15) Taget (£7.30) Vetiver (£5.15) and Yarrow (£21.00) are all available in 9ml sizes. Melissa (£26.50) and Rose Otto (£26.50) come in 2ml sizes.

In addition the Tisserand are offering consumers 25 per cent extra oil free on their 9ml bottles of Lavender and Tea Tree pure essential oils, giving a new bottle size of 11.25ml. **Aromatherapy Products Ltd. Tel: 0273 412139.**

Double Tips from Numark

New from Numark comes Double Tips cosmetic buds, a specialised cotton bud with one flat end and one pointed end.

Ideal for applying and removing make-up, the 100 per cent pure cotton buds come in packs of 80 with an rrp £0.79. **Numark Management Ltd. Tel: 0827 69269.**

Covering up

Ten-O-Six Deep Pore Cleanser is to feature in a cover mount promotion on *Mizz* magazine, with a sample 30ml size being given away on 225,000 copies. **Brodie & Stone Ltd. Tel: 071-278 9597.**

SMA Nutrition milks get new look

SMA Nutrition baby milks are being given a new look, with better information on-pack.

Marketing planning manager Adrian Kelly says: "Market research confirmed the confusion many mothers have with the large amount of information required on baby milk labels." The company says it has improved the clarity of its information.

The new look packs conform to the EC Directive requirements and feature illustrations of toys instead of mother and baby visuals.

The formulation has

been improved for easier mixing and the new cans are slightly taller.

The relaunch will be supported by a £500,000 campaign, including advertising, consumer leaflets and PoS material. Special support for pharmacists includes a flip chart presentation of information on breastfeeding, the baby milk market and infant feeding. A leaflet has been produced, outlining questions consumers are likely to ask the pharmacist on baby milks and infant feeding. **SMA Nutrition. Tel: 0628 660633.**



Mam add choice to steriliser packs

Mam are building on the success of their microwave steam steriliser with the addition of a pack which contains a single feeding bottle with the steriliser.

The steriliser is now also available in a third shade, mint, and the packaging

has been redesigned with the addition of new copy to highlight the advantages of microwave steam sterilisation.

The microwave steriliser with single bottle retails at £14.95. **Mam (UK) Ltd. Tel: 021 459 4304.**

New UK division for Butler range

American company John Butler have formed a new UK company to look after sales, marketing and distribution of the Butler oral care product range in the UK.

The range includes

toothbrushes, interdental products, floss and accessories under the GUM brandname. Packaging for the range has been updated and a new logo designed. **John O. Butler (UK). Tel: 0483 282858.**

Guerlain's Summer action

A host of products is being launched at Guerlain, including Odelys, a skincare range for sensitive skin.

Containing a new complex called phytobium, the products claim to restore comfort to skin and help prevent further damage. The range comprises Perfect Care no1 cream for normal and combination skin (30ml £24; 50ml £35) and no2 cream for dry skin (30ml £24; 50ml £35). Also in the range are Delicate Eye Make-Up remover (75ml £10.50); Gentle Foaming Cleanser (150ml £14); Instant Relaxing Cleanser (200ml £17.50); and Soothing Toner (200ml £17.50).

Jardins de Bagatelle fragrance has been relaunched in a new bottle. It retails at £28.50 for a 15ml parfum de toilette spray and £42.50 for the 75ml size.

Building on their recently launched male fragrance Heritage, Guerlain are adding a range of bath and skincare products. These include Intensive Aftershave Care (50ml £13.50), an alcohol-free emulsion; Aftershave Balm (100ml £20), with moisturising and protective benefits; Shaving Cream (100ml £10.50); and soap (150g £10.50; box of three £26).

The Terracotta range is being extended with the addition of Terracotta Pearls (50ml £24). Suspended in a treatment gel and dispensed in a pump-action bottle into an emulsion, they come in three shades.

Further additions to the Terracotta range include a new eyeshadow trio (£14), three new lipstick (£8.50) and nail polish (£7.95) shades and two treatment mascaras (£10.95).

A foaming bath and shower gel has been added to the female fragrances Eau Imperiale and Eau de Guerlain. Both retail at £14 for a 150ml bottle. **Guerlain Ltd. Tel: 081-998 1646.**

Feminine offers

Following the successful relaunch of their feminine hygiene products last year, Unichem are offering 15 per cent off the normal trade price throughout May when ten or more cases are bought. With

Clean up with Almay



The Almay cleansing range has been extended with the addition of three new products for combination and oily skin types.

Active Cleansing Scrub (75ml £6.95) is an exfoliator to smooth away dead skin cells. The water soluble cream contains

allantoin and adijew.

Revitalising Skin Tonic (150ml £6.50) is an oil-free toner containing allantoin.

Fluffy Cleansing Mousse (125ml £6.50) is an oil-free cleansing mousse which removes make-up and impurities from skin. **Sara Lee. Tel: 0753 523971.**

Bug beating with the king of the Jungle

Chefaro Proprietaries have expanded and redesigned their insect repellent brand for 1993.

New Junior Jungle Formula was developed following consumer research which highlighted children as a prime concern with families purchasing insect repellents.

Formulated for delicate skins, it combines a low allergy base with a reduced DEET level. The product is effective for up to five hours, is suitable for children aged two years and upwards, and comes in a roll-on format costing £3.45.

Also new is a roll-on version of the double

protection Jungle Formula which has UV screens. Containing 60ml, the Jungle Formula, which is effective for up to four hours, is priced at £4.35.

The entire Jungle Formula range has also been redesigned to give a cleaner, more modern look, while strengthening shelf impact.

Retaining the red and green colour combination and shield logo, the new design has vertical stripes, deeper colours and a cleaner type face.

The new design also highlights Jungle Formula's endorsement by the Thomas Cook Travel Clinic, as well as the Travel Clinic of the Hospital for Tropical Diseases.

The brand will also benefit from a £250,000 promotional campaign this year including Press advertising and PR support, as well as a national sampling campaign. **Chefaro Proprietaries Ltd. Tel: 0223 420956.**

Valentino's fragrance debut is Vendetta

Fashion designer Valentino makes his debut in the fragrance world with the launch of Vendetta pour femme and Vendetta pour homme.

Extravagantly described as expressions "of the turbulent extremes of love", Vendetta captures the unique Valentino style.

Vendetta pour homme mixes spicy, fresh and woody notes. Top notes include verbena, neroli and lavender. Heart notes are clove, bay rum, geranium and jasmine. Base notes include patchouli, oakmoss and labdanum.

It is available as eau de toilette splash (50ml £23; 100ml £34) and spray (30ml £17; 50ml £25; 100ml £36); aftershave

(50ml £20; 100ml £29); aftershave balm (150ml £26); deodorant (150ml £15).

Vendetta pour femme combines floral and woody notes. The top notes are waterlily, orange blossom and hyacinth. Middle notes include daffodil, ylang ylang, jasmine, rose and marigold. Base notes are patchouli, myrrh, musk and heliotrope.

The bottle is shaped like plisse, a very finely pleated fabric which is part of the Valentino collection. The fragrance is available as parfum (15ml £65); eau de toilette splash (50ml £29.50); eau de toilette spray (30ml £21; 50ml £32.50; 100ml £49.50). **Elizabeth Arden. Tel: 071-224 1213.**

Hand-some offers from Unichem

Unichem's manicure range is on special price promotion throughout May. Any product ordered will carry 10 per cent off the normal trade price.

A complete stand will also be available at the same discount during May, giving a POR of 40 per cent. **Unichem. Tel: 081-391 2323.**

On TV Next Week

| | | |
|--------------------------------|----------------|------------------------|
| GTV Grampian | C4 Channel 4 | STV Scotland (central) |
| B Border | U Ulster | Y Yorkshire |
| BSkyB British Sky Broadcasting | G Granada | HTV Wales & West |
| C Central | A Anglia | M Meridian |
| CTV Channel Islands | CAR Carlton | TT Tyne Tees |
| LWT London Weekend Television | GMTV Breakfast | W Westcountry |

| | |
|-----------------------------------|---------------------------------|
| Anadin Extra: | All areas |
| Askit capsules and powder: | STV, G |
| Belle Color: | All areas except U, C4 |
| Casting: | All areas except U |
| Clairel Glints: | All areas except GMTV, LWT, CAR |
| Cream Silk: | All areas except U, CTV, LWT |
| Farley's babyfoods: | All areas |
| Gillette Series: | All areas except STV, GMTV |
| Hofels garlic pearls: | G, TT, Y |
| Jaaps health salts: | STV, C |
| Nicotinell patch: | All areas |
| Nivea Visage: | All areas except CTV, LWT, C4 |
| Oxy: | All areas |
| Pears Pure Body Care: | All areas except U, CTV, LWT |
| Plax: | All areas |
| Radox Herbal Bath: | Y, A, LWT, M, C |
| Rennie: | STV, B, C, C4 |
| Remegel | All areas |
| Sure Sensitive: | All areas except U, CTV, LWT |
| Timotei Honey: | All areas except U, CTV, LWT |
| Widsom Reflex: | GMTV, C4 |
| Wrigley's Extra and Orbit: | All areas |

IT CAN ALSO GIVE YOUR SALES A REFRESHING KICK

Breathe new life into your male toiletries sales with Brut Aquatonic, the unique new range from Faberge.

- New Brut Aquatonic is unique in mass market male toiletries-containing natural skin-toning essences leaving you feeling invigorated and revitalised.
- New Brut Aquatonic has a light fresh fragrance and eye-catching packaging specifically designed to appeal to 16-24 year olds.
- New Brut Aquatonic offers an innovative range which will attract new consumers into the fast-growing and profitable male toiletries category.



The Brut Aquatonic range features Shower Gel, Anti-perspirant Spray, Anti-perspirant Stick, Light After Shave, After Shave Balm and EdT Deodorant Body Spray.

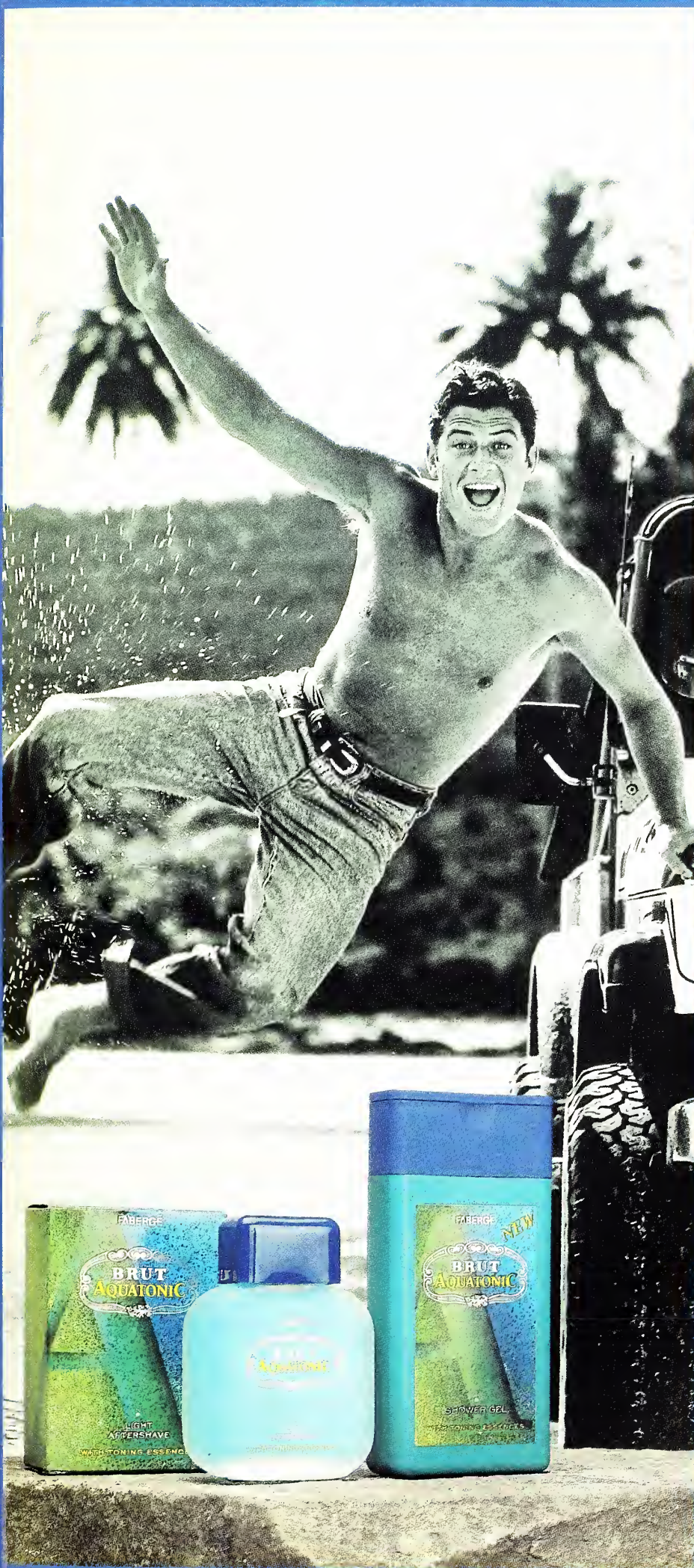
The new range will be supported by a £3million advertising and promotional spend, including a major sampling operation, combined with heavyweight £1.8million support for Brut For Men.

This £4.8 million campaign, which starts in May, will ensure that consumers know all about Brut For Men and New Brut Aquatonic.

Don't disappoint them - stock up today and give your male toiletries profits a refreshing kick!



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Lifeplan launch new products

Lifeplan Products are launching five products and introducing new strengths of two existing products.

The new products include Galmarin capsules containing evening primrose oil, borage and omega 3 fish oils (approximate retail price £3.59 for 30, £9.35 for 90 capsules). Beeline chewable lozenges contain propolis, pollen, royal jelly and honey (approximate retail price £1.99 for 30 lozenges).

Also new to the range are vitamin B12 tablets (£1.49 for 100 tablets); Daily One Cod Liver Oil and Garlic (£1.99 for 30 capsules); Daily One Selenium with Vitamin E and Lecithin (approximate retail price £1.99 for 30 tablets).

New strengths are now available in Galanol Gold (1000mg) and CoQ10 (30mg), priced at £5.45 and £8.55 for 30 capsules respectively. **Lifeplan Products. Tel: 0455 556281.**

Polaroid holiday

Polaroid are running a holiday promotion with their Polaroid Studio Express passport photo system.

All the retailer has to do is redeem black tabs from each pack of the company's PC 100S Silk Film for one of a number of gifts. The pharmacist is entered into a prize draw, plus a grand prize draw at the end of the scheme.

The black tabs can be redeemed for colour televisions, clock/radio telephones, carriage

clocks, cordless screwdrivers and watches.

The prize for the interim draws is a day for two on the Orient Express. The winner of the May draw has a day's gliding in Kent and the August winner gets to visit Chatsworth. A five-course lunch is the prize for the December winner.

The grand prize is a trip to Venice for two on the Orient Express, with a two-day stay before returning by air. **Polaroid. Tel: 0727 859191.**



Following consumer research which has highlighted the increased demand for plasters during July and August, Robinson are offering an on-pack promotion with their Fast Aid Stretch Fabric and Washproof 1m dressing strips pack which will now come with a free pair of scissors. Robinson Healthcare. Tel: 0246 220022

New look compacts from Vivitar

Vivitar have launched a six-strong range of compact cameras.

At the lower end of the range is the VP1000. This features a fixed focus lens, built-in electronic flash and a sliding lens cover/shutter lock. It retails at £19.99.

The VP3550 is described as "ultra compact," and it's features include red-eye reduction, a three-way flash, fixed focus lens and motorised film loading, advance and rewind. £39.99 is the recommended retail price.

The VP4550, at £49.99, has a multi-zone infra-red autofocus lens with focus lock, plus all the features of the VP3550.

Farther up the range, the VP6000 is fitted with a 35mm f4.5 lens and incorporates a programmed AE electronically controlled shutter. It also has a multi-zone infra-red activated autofocus lens with focus lock, three-way flash and infra-red remote control. This model costs £69.99.

The ZM50 is a zoom camera priced at £69.99. Features include a fixed focus lens, auto flash and fully coupled zoom viewfinder. There is also a built in UV lens protector.

Top of the range is the ZM80, a 38-70mm power zoom camera which runs from wide angle to 70mm. This £129.99 camera has a 14-zone active infra-red autofocus system with infinity lock, an electronic programmed shutter (auto DX ISO 50-1600), red-eye reduction, an electronic self timer with flashing led and a tripod socket.

• To help promote their new range, Vivitar have announced their VIP insurance policy. Everyone who buys one of the new cameras will automatically qualify for free one year, all risk insurance. **Vivitar. Tel: 0793 526211.**

Softab new pack

Alcon Contact Lens Care division have launched a new Softab 30 tablet pack which includes a lens storage case (trade £2.95, retail £4.33). **Alcon Laboratories (UK) Ltd. Tel: 0923 246133.**

AAH May offers

May top offers from AAH will include: Rightguard, Bodyform, Baby Fresh, Mum, Impulse, Lynx, Brut Aquatonic, Sunsilk hairspray, Nice N Easy, Slim Fast, Slender, Macleans toothpaste, and Addis toothbrushes. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

Battery bath lift

New from Homecraft Supplies comes a battery-operated bath lift, complete with padded seat and backrest. **Homecraft Supplies Ltd. Tel: 0623 754047.**

Soft & Gentle

Relaunched Soft & Gentle will be supported with a television campaign running through May and June. Building on the theme "Move closer", the campaign includes two commercials depicting women of today. Press advertising runs from May until the Autumn. **Colgate-Palmolive. Tel: 0483 302222.**

Pretty additions

Additions to the Pretty Polly hosiery range include Garter Pattern semi-opaque tights, available in black, navy, forest and claret (one size £2.99). Also new are

Leaf-Side Pattern semi-opaque tights, available in the same four shades (one size £2.99). **Pretty Polly Ltd. Tel: 0623 552500.**

Cussons move

LRC Products are taking over the distribution of Cussons personal cleansing and household products to independent pharmacies. **LRC Products. Tel: 081-527 2377.**

AAH relaunch

AAH Pharmaceuticals have relaunched two products in their Family Health range in new packaging: petroleum jelly and zinc and castor oil. Both come in 100g sizes with new tamper evident seals. **AAH Pharmaceuticals. Tel: 0928 717070.**

Packed goods

Unichem are running an offer on their packed goods from May, featured in their offer book. All 42 products will be available at a 15 per cent discount when ten or more cases are bought from the range. **Unichem. Tel: 081-391 2323.**

Braun sales

Medielite plc are the chemist distributors for the Braun UK Ltd range. **Medielite plc. Tel: 0932 785611.**

Correction

Cow & Gate milk formulas, Premium and Plus, do not have a newly "improved formulation" as stated in C&D April 10 but improved on-pack instructions.

A breath of Summer from Kenzo

Parfum d'Été is the new Summer fragrance from Kenzo. An intense, vibrant and warm fragrance, it evokes the feeling of warm days, say Kenzo.

It is a green floral, with heart notes of rose, jasmine, peony, narcissus, freesia and hyacinth. Base notes include musk, amber, iris, sandalwood and oakmoss.

The bottle is shaped like a bundle of leaves wrapped around each other, and

sits in a bright, Mediterranean coloured carton.

Parfum d'Été is available as parfum extract (7.5ml spray £47.50) and refill (7.5ml £32); eau de toilette bottle (50ml £32; 100ml £44.50); eau de toilette spray (50ml £32.50; 100ml £47).

The new fragrance will be available to the trade from mid-June. **Kenneth Green Associates. Tel: 0372 469222.**

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C & D1

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Savlon is one of the leading ranges in medicated skincare. Not a lot of people know that. This year we aim to set the record straight with a burst of activity. •Savlon Antiseptic Cream carries a pack offer for a free thermometer, family medical guide, or plug guards. •Savlon Liquid has no less than 7 on-pack offers, with national TV support. •Savlon Dry

Skin has a new look, a £500,000 trial-sachet advertising campaign and 3 on-pack offers. •Savlon Dry Spray is set to double sales this year with national TV support. •Savlon Junior has its own £500,000 women's press campaign, and •Savlon First Aid Kits are launched as a new and highly profitable initiative. Your best policy is to stock up now.

FOR FURTHER INFORMATION ON SAVLON, PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES. 'SAVLON' IS A REGISTERED TRADEMARK



It has been reported that the Department of Health, desperate to contain spending and well aware of the pricing tactics of some pharmaceutical manufacturers, has decided drastically to expand the Selected List. This news will fill retail pharmacists with feelings of dread, doubt and doom.

We are all well acquainted with the reactions (none pleasant) of patients who are denied their favourite nostrum. We will all quite properly feel that people in other walks of life would need — demand — danger money if such a change in working practices were imposed upon them.

But there are deeper philosophical objections to the whole concept of the Selected List. The little old lady who feels that only Distalgesic really controls her pain has every right to have her feelings respected both as a consumer and as a taxpayer. At the same time logic tells us that co-proxamol is the same thing and therefore its effect must be just the same, with the merit of being less expensive and thus saving money for the treatment of other equally deserving cases.

This clash between scientific objectivity and the self-perceived needs of patients is at the roots of much of what is felt to be overspending within the NHS and it cannot be resolved within the confines of what is essentially a demand (or producer) led operation.

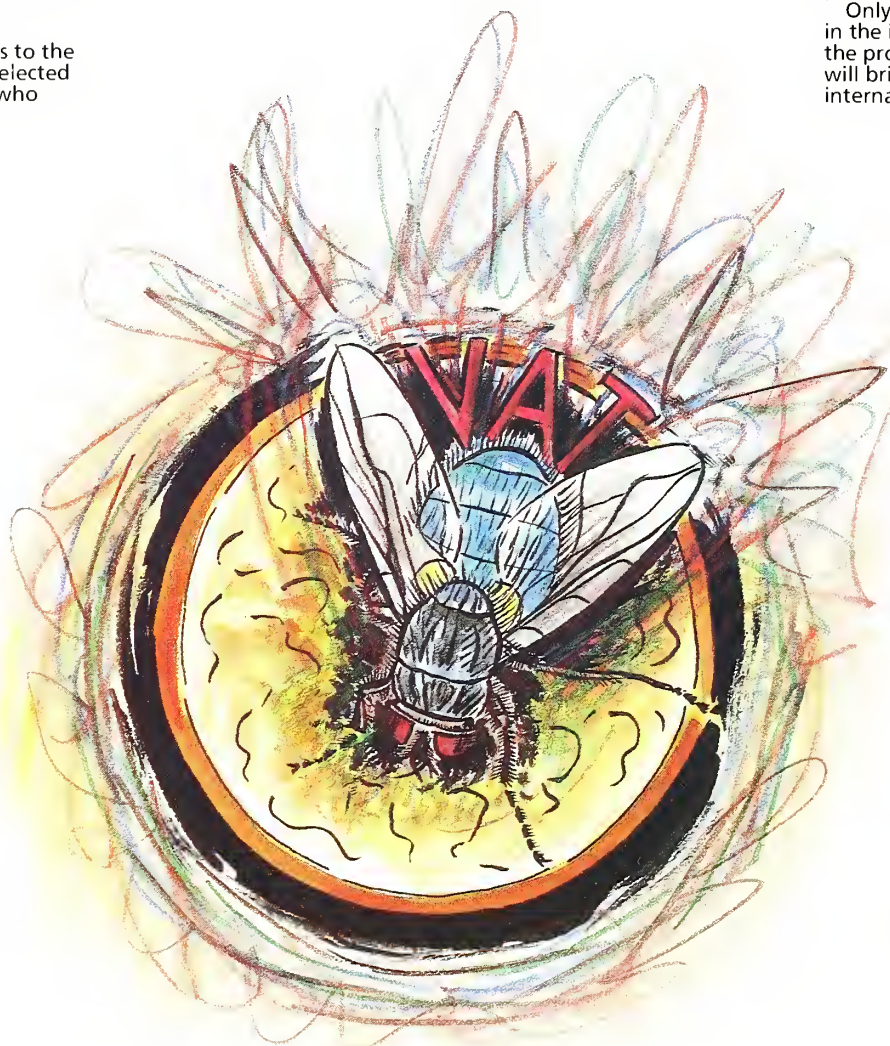
Attempts at authoritarian solutions such as the Selected List are all doomed to failure since people's ingenuity will always find a way around them. If we cannot have Distalgesic then let us have Tylex until that is in turn blacklisted. And so it will go on, with the list becoming ever more restrictive while manufacturers become ever more ingenious.

Yet the application of demand (or consumer) led policies could produce much more effective results with even bigger savings and still leave satisfied (as opposed to disgruntled) consumers and professionals.

All that is needed is some mechanism to let the little old lady have her Distalgesic at the same cost to the NHS as co-proxamol: already the reader begins to see what it is.

Let pharmacists have the professional right, nay duty, to substitute branded for generic or generic for branded with the NHS paying only the generic

TAKE YOUR PICK ...BUT PAY THE PRICE



Expanding the Selected List will do no good at all says Robert Gartside. What we need, he feels, is a pharmacist-controlled system which allows replacement of generic/branded products according to customer demand, with the consumer paying the extra where necessary

price while the consumer makes up any difference direct to the pharmacist in a transaction outside of the NHS.

Now the little old lady can have her Distalgesic whether her prescription specifies the trade name or the generic but, of course, if she wants *de luxe* she must pay the supplement.

In a small number of cases she will be disadvantaged because she cannot afford the upgrade but this must surely be

better than the existing arrangements where everyone is disadvantaged and yet the NHS saves no money.

Under this proposed arrangement the NHS would save a good deal because the price of Distalgesic falls to the point where the manufacturer is happy with his sales and the price of co-proxamol comes down in sympathy.

Further, because the old lady is paying a supplement on each

prescription, she wants a smaller quantity of each so that in the long term there is less waste and, for the same reason, she is less likely to want multiple prescriptions with all of their attendant waste.

Nor do the benefits end there. Wasteful sales promotion is curbed because it makes no difference whether the doctor writes a branded or generic name on the script. The manufacturer reaps an excellent reward while his product is protected by patent but must become thoroughly commercial once that period of protection is ended.

Only those who have worked in the industry can really know the profound benefits that this will bring in increased international competitiveness.

Further, since it is now no longer possible to use glossy marketing and frank overpricing to bolster a firm's profits, more resources must be directed into research since a stream of new products will be the only way to ensure the firm's medium term survival.

Thus nearly everyone finishes fairly happy. The patients get exactly the medicines they want and the extra cost turns out surprisingly small. Doctors are happy because their freedom to prescribe is largely restored. Pharmacists are happy because they are playing a more active role in treatment and are being rewarded directly for this. Even the manufacturers find that their new and more serious alignment leads to their being held in higher regard. In addition, the ending of the voluntary Price Regulation Scheme, because it has become superfluous, gives them extra room to

enjoy their new found commercial freedom.

The Department is over the moon because for the first time a measure has been found which produces a positive reduction in the drugs bill. But please note that the duty of the pharmacist to substitute is the lynch pin around which the whole scheme revolves — use any other arrangement and the satisfaction of all the parties declines.

Of course there is a fly in the ointment and it is our old friend VAT. Detailed consideration leads to the conclusion that applying VAT to prescription medicines is the only workable solution and since this is already done for dispensing doctors it should really present no difficulties.

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| | | | |
|---|---|----|-------------------------------|
| Pharmacist's Signature and Seal | No. of days treatment N.B. Ensure dose is stated | NP | Pricing Office use only |
| <p>Rx Tab atenolol 100mg mitte 90</p> | | | |

Many scripts end up at the Prescription Pricing Bureau without an endorsement. The Pharmaceutical Services Negotiating Committee spells out the consequences and potential loss of not endorsing a prescription for a simple generic

Thousands Of Regular Customers



One of the best selling products through health food stores is a small fruit cube called Ortisan. Made with a combination of figs, senna pods, molasses and a touch of orange extract, it's a gentle but effective way of overcoming the laziest of digestive systems.

ORTIS

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Q

1. This prescription is not endorsed. What will be paid by the Pricing Authority?
2. If this prescription was endorsed "28" or "0P", how many tablets would be priced?
3. How many tablets would be priced if the prescription was endorsed "ex 28"?
4. If the pharmacist endorsed that 98 or 7 x 14 were dispensed, would this larger quantity be reimbursed?

A

1. Atenolol 100mg tablets are included in Part VIII category A of the Drug Tariff. It is a calendar pack of 28 consisting of two strips of 14. If not endorsed, the nearest number of tablets to the quantity ordered would be priced, in other words 84.
2. If endorsed "28" or "0P" this would indicate the pack size used and the nearest quantity to that ordered would be priced, that is 84.
3. If endorsed "ex" the exact number of tablets would be priced regardless of the fact that the product is a calendar pack.
4. If endorsed "98" or "7 x 14" the PPA would price 98. This is because the pharmacist has judged it necessary to cover the quantity ordered by the prescriber to the next sub-pack. In summary, calendar packs may be dispensed as follows:
 - Give the nearest number of packs or sub-packs
 - Cover the quantity ordered up to the next pack or sub-pack
 - Give the exact amount prescribed.

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IMPORTANT NOTICES Breast feeding is best for babies. Infant formula is intended to replace breastmilk when mothers do not breastfeed. Good maternal nutrition is important for preparation and maintenance of breast feeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should always be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding. SMA PROGRESS is a follow-on milk consisting of a balanced blend of milk solids, vitamins and minerals. When used in conjunction with solid feeding, it provides the nourishment essential to a baby's health.



though, remain the same tried and trusted milks that mothers have been feeding their babies for generations.

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Sustained growth. SMA PROGRESS is not intended to replace breast feeding nor is it intended for babies younger than 6 months. Breast feeding is best for babies. SMA WYSOY milk free soy infant formula is intended to meet the nutritional needs of infants and children who are allergic to cow's milk protein or intolerant to lactose or sucrose. Soy infant formulae are not recommended for premature babies or those with kidney problems. Medical guidance should be sought.

Martindale offers even more

Martindale. The Extra Pharmacopoeia. 30th Edition
The Pharmaceutical Press, 1
Lambeth High Street, London
SE1 7JN. Pp2400. Hardback
£160. ISBN 0 85369 300 5.

The new 30th edition of Martindale contains a greater volume of information than ever before, with most of the extra 480 pages being added into a new part three which comprises an extensive list of proprietary products.

The clinical emphasis has been increased with the treatment of certain conditions reviewed at the beginning of some chapters. For example, a review of the available migraine treatments has been included which considers the symptoms, characteristics and treatment of migraine. The monographs for individual drugs follow the review.

In the usual tradition of Martindale the monographs are grouped into chapters which reflect similar clinical or pharmaceutical use to form part one of the book. The longer monographs now start with summaries to provide a brief overview of the drug.

The referenced reviews, introduced in the 29th Martindale, have been significantly increased in this edition. Wherever possible a balanced review of the main publications has been written.

Cross-references in the monographs now guide the

reader to drugs that may be of interest in related chapters.

The 30th edition contains 5,132 monographs: 280 were deleted from the last edition and 620 have been added.

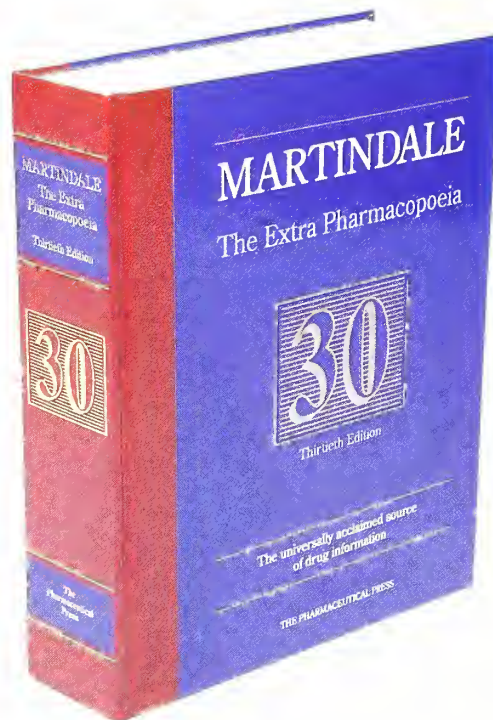
Part two of the Extra Pharmacopoeia comprises drugs and other substances which do not readily fit into part one. Drugs no longer used clinically can be found here.

In the new part three, proprietary names are listed with the manufacturer or distributor, the active ingredients, and a summary of the indications. This section will provide a useful reference as it contains 46,000 preparations from 14 countries.

The index now lists not only the drug name, synonym, code and chemical name, but also diseases and conditions requiring treatment with page references to the relevant drugs. Another new feature is that after each drug which is an ingredient of one or more preparation, there is a list of those preparations in which it is included with page references.

The time between editions has now been decreased from five years to just over four years to meet the need for more up-to-date information.

The Martindale is now a more complete reference source for the pharmacist than ever before and is surely an essential addition to the reference section of all pharmacies.



Cussons Takes a New Partner for Independent Sales

Cussons (UK) Ltd is transferring responsibility for the independent pharmacy sales of its leading personal cleansing and household products to LRC Products Limited.

The change, effective from May 1, follows a similar relationship with Schwarzkopf, who carried out excellent work on Cussons' brands. LRC Products' strength in developing business via transfer orders will ensure that independent pharmacy distribution and sales of Cussons' products continue to grow.

Cussons is the UK's No.1 manufacturer of personal cleansing products with brands including Imperial Leather, Pearl, AquaSpa and Graphite.

Cussons

LRC PRODUCTS LTD

A year in Brussels

Now that the single European market is a reality and we are out of the Exchange Rate Mechanism, what lies in store for Britain and British pharmacy? Will we be shunted on to the sidelines or can UK pharmacy help to set the agenda and lead the way?

Until now, our involvement in European pharmacy has been generally on a "It will never happen" or "It will not affect us" basis. We appear to have been slow getting involved because we believe that ours is the only nation in the world that really understands committees — we regard European meetings as a circus where few abide by the agenda (what agenda?) and the chair is oblivious to everything except the time for lunch!

If it is not too late, we must increase our involvement and commitment to European pharmacy. Legislation in Europe will affect us all.

In the run-up to the year 2000, most Europeans expect a healthier lifestyle and will take a more active role in their health. This will necessitate harmonisation of national legislation to safeguard the European from the year 2000.

Directives

During the year to April 1992, probably the most important work of the GPCE (Groupement Pharmaceutique de la Communauté Européenne) secretariat has been on four pharmaceutical directives on wholesale distribution, classification of medicines, labelling and leaflets, and advertising as they moved through the European institutions: the Economic and Social Committee, the European Parliament and the Commission.

All the directives were adopted by the Council of Ministers on March 31 and published in the *EC Journal* on April 30, 1992.

The final text was largely satisfactory but there were points needing attention. For example, the GPCE had asked that medicine wholesaling should be under the "responsibility of a pharmacist" but the final wording was for "a qualified person designated as responsible, meeting the conditions provided by the legislation of the member state concerned". It was therefore important for delegations to lobby their own governments to ensure general wholesale distribution of medicines was under pharmaceutical control.

Observers

Until March 1992, the GPCE comprised 12 EC countries, each represented by a delegation. This gives a certain "Maastricht" flavour to decision making!

However, the German delegation spent a great deal of time and effort to modify



European legislation will affect us all, says NPA Board member Wally Dove. As he reviews Community activities, he calls for greater commitment to European pharmacy

the statutes to admit non-EC countries as observers to executive meetings provided they had applied for EC membership. The UK delegation, with some others, maintained this would increase the size of the executive committee so much that meaningful debate would be even more difficult.

A compromise was agreed that EFTA countries should be invited to meetings as observers with no voting rights. At the time it was expected that the agreement between the EC and EFTA would produce the European Economic Area involving all 19 countries from January 1, 1993.

However, the Swiss referendum meant that the treaty, as originally negotiated, could not proceed. It is still not clear what the outcome will be.

Dermopharmacy

A study group was set up by GPCE on selective distribution contracts, typified by those presented to the Commission by firms like Vichy.

The European Court had ruled that cosmetics, even "cosmétique" products, were not medicines: there was no need for controls for their distribution. There was already a flow of cosmetic products from outlets other than pharmacies without problems.

The Commission felt that a policy of distributing such

products only through pharmacies appeared to be a marketing strategy to raise their status, with no increase in quality. Such a policy, it concluded, would lead to high prices.

Vichy did not appeal against the ruling but prepared a new contract which was presented on July 6, 1992. Vichy hoped to use it in other EC countries but not, apparently, in the UK.

The criteria for retailing Vichy products included that person having a knowledge of dermatology or pharmacy and a university degree.

The GPCE working group has drafted a proposal document of dermopharmacy in the 1990s covering the distributors' qualifications, ongoing training and ethical promotion. It is also considering a European Quality Label (EQL) for non-medical products based on stringent standards and testing procedures.

This type of quality label, financed by a small percentage of the purchase price, has been used in Belgium for some years and is highly regarded by pharmacists and consumers.

Border crossing

The majority of member states provide no form of association for joint practice. In most member states professional rules or codes of conduct restrict or prohibit joint practice. Also, at EC level, there

is no structure for cross-border practice. Therefore an EC initiative has been proposed to fill in these gaps to take account of the wide variety of rules and codes of conduct.

The UK delegation is not yet convinced of the need for a legal structure for cross-border joint practice, particularly within the health professions.

If a need for cross-border arrangements can be established, it should be restricted to those professions where the quality of life and social welfare would benefit.

The executive committee decided to speak strongly



Wally Dove, an NPA representative on the EC Pharmacy Group

against this proposal, to the obvious relief of those delegations that saw this as a back door for chain pharmacy in Europe.

It was agreed that delegates of member states should consider lobbying their MEPs and Brussels representatives.

European database

The Danes have compiled a pharmacy database covering legal and economic statistical data. It is hoped that the database can be handed over to the GPCE secretariat in June.

The Dutch delegation has reported that their government is considering challenging the establishment of mail order pharmacy in the Netherlands.

And for once it is encouraging to see that the Royal Pharmaceutical Society of Great Britain's Code of Ethics has been strengthened to provide that "a pharmacist must not normally distribute or encourage the distribution of any medicinal product by mail order" and the Proprietary Association of Great Britain "rules" forbid it.

By participating in the European pharmaceutical scene when primary healthcare is in the melting pot, we may "regain" some of the benefits, such as one man one pharmacy and the supply of all medicines through pharmacies that other Europeans take for granted.

If golf is a game which combines strategy, patience and a competitive spirit (and above all, say serious players, honour), it should come as no surprise to learn that BAPW director Michael Watts plays off a handicap of six.

After four and a half years as director of the British Association of Pharmaceutical Wholesalers (BAPW), Mr Watts still regards his influence on the EC Wholesaling Directive as his most most valuable contribution to date.

"When the first draft of the Wholesaling Directive was published in October 1990 it was an appalling document, written by French lawyers and largely based on a food industry directive. And I was given just 24 hours to comment on it!"

Mr Watts moved fast. He contacted the Commission to tell them he wanted to talk to them directly, and just ten days later flew to Brussels with not only a document of his own in his pocket, but a copy of the code of practice he had written when he first joined the BAPW.

As a career soldier who retired from the army after 32 years as a full colonel, the logistics of moving goods around is not strange to him. "I spent all my life looking at warehousing and goods in and out," he says.

"When I joined there wasn't a code of practice for pharmaceutical wholesaling anywhere in the world, so the first thing I did was write one."

Influential

Once he had his foot in the EC door, Mr Watts knew how to make his influence count. "The Commission soon realised we (the BAPW) knew what we were saying: their drafts became much more realistic."

Nevertheless, Mr Watts is careful to give credit to the Medicines Control Agency: "The MCA was the official voice in the UK for the Wholesaling Directive. The Agency did excellent work and got the Directive to follow UK practice. As a consequence, when the Directive became law this month there were hardly any changes needed to the UK Medicines Act."

Mr Watts sent his code of practice to GIRP, the European wholesaling association, where it formed the blueprint for the whole of the GIRP area — the EC plus the EFTA countries. Three years ago he was elected to the committee of GIRP.

"Effectively our code of practice has now been accepted Europe-wide, as well as becoming Article 10 of the EC Wholesaling Directive."

Mr Watts was an exceptionally active man in the armed forces, joining the Parachute Brigade and doing over 1,000 parachute descents, playing rugby and captaining army cricket sides. He says your interests change as you get older (he is 57) and now this family man is channelling much of his energies into running the BAPW.

"The BAPW is the focal point

As the European Directive on wholesaling comes into force Business Editor Zack Goldring talks to a man who has been a major influence on its contents



A MAN FOR ALL SEASONS

for all outside agencies to funnel information to wholesalers. Information from the Home Office, the Royal Pharmaceutical Society, the Department of Health, and the ABPI all comes through the BAPW. We also channel information in the other direction.

"The job as I see it is to get the political and government

climate right so wholesalers can prosper. Pharmaceutical wholesaling is an area of political friction and some people have exploited this."

He pays tribute to his predecessor Ossie Logan. "Ossie built up the organisation from a run-down, defunct outfit which wasn't consulted, but just organised meetings and conferences. He built up the

political side and I continue that work.

"Now the BAPW is healthier financially and in influence. Today the Association is asked to comment on Home Office and Medicines Inspectorate regulations, and the DoH asks our opinion on things such as Pharmaceutical Price Regulation Scheme and how wholesalers will be affected as margins change."

Looking around the wholesaling scene today Mr Watts is unequivocal in his condemnation of the type of discount incentives which Barclay Enterprise are alleged to offer.

Wholesalers which do business this way are a "pain in the neck," he says, "giving away ridiculous levels of discount". Often BAPW members cannot buy in at the level such businesses sell out at.

Mr Watts believes Barclays could be treading the same road which led to the collapse of Medicopharma.

Discount levels

One of the issues currently concerning the BAPW is the level of discount. "It is grossly unfair that, if there is a 12.5 per cent margin, self-distributors like Boots and Lloyds should get it too. They have lower distribution costs and can dictate what is sold in their shops, and they don't provide the same full-line service."

"If the 12.5 per cent margin is reduced to 7.5 per cent by the PPRS, it would be realistic if Boots and Lloyds discount fell to 5 per cent."

In essence, what Mr Watts is arguing for is a structured reduction so that full line wholesalers get considerably greater margin than self-distributors: "The Department of Health sees that, and the industry sees it."

Mr Watts believes that the Clucas report in the 1980s, followed by Unichem's restructuring under Peter Dodd, has forced the pharmaceutical wholesaling industry to become more efficient. "When I joined the NAPD, as it then was, there were 184 wholesaler depots: now there are only 67. It isn't a reduction in business, it is a reduction due to efficiencies."

He believes that wholesaling had to do that to compete with the likes of Unichem, who were operating out of a few large depots instead of numerous local ones.

"Other regionals are following where they can, for example East Anglian Pharmaceuticals opened a new depot but closed two others and Sants have followed a similar route. The current discount has allowed them to do this."

However, he believes that if the discount comes down to 2 to 3 per cent there is not the incentive there to make the industry more efficient.

Among recent initiatives, Mr Watts is particularly proud of the success of the associate membership scheme for pharmaceutical manufacturers. Some 35 manufacturers have

signed up, including Glaxo, Boots, and most recently, Zeneca. Potentially, Mr Watts sees associate membership allowing the development of a joint stance on policy when dealing with the DoH and the government generally. He believes government is not above dividing and ruling when it suits them.

Mr Watts describes it as "a focal point for manufacturers who want to deal centrally with wholesalers on policy issues".

Divide and rule

A steering group of associate members has been set up and working parties are looking at such issues as inventory levels, retention of title clauses, and the possibilities of price reductions.

"Pharmaceutical wholesaling has always been close to pharmacy: it is a small world. But retail pharmacies have not developed the same relationship with manufacturers. Mostly they see the reps, not people who can decide or influence policy. Associate membership is there to bridge that gap."

There remain obvious divergencies of interest. "Wholesalers are not especially happy with the delivery service from manufacturers, while suppliers would like the wholesalers to switch to electronic ordering systems."

Mr Watts believes that an option is for manufacturers to follow the continental model,

where twice daily deliveries are the norm. "Electronic ordering could be an advantage for wholesalers who have a lot of hospital business, but otherwise there is not much in it in the current market."

Cold climate

A less contentious issue is refrigerated storage. Mr Watts is satisfied with the standards in wholesaling as the code of practice covers it, but he is concerned that refrigerated storage "is not a standard package" from manufacturer to customer. "There has to be an industry standard from the

Others, such as Lloyds and Boots, don't get this royalty.

Under the current scheme, manufacturers receive the processed information after five or six weeks. But increasingly there is a demand for raw but immediate statistics.

To meet this need, the BAPW are piloting their Wholesale Sales Data System which provides information on a weekly basis. Mr Watts expects this to become fully operational in September.

He has instigated a "major initiative" with the DoH and others on hospital supply, which he sees as hopelessly

"I know the National Audit Office is very interested in our proposals. We estimate there would be a one-off saving of £300m for the NHS, plus recurring savings in interest and capital outlay"

manufacturer through to the patient. Some pharmacies don't even have a refrigerator!"

A second recent innovation from the Association has been the sales data service (SDA). Under this scheme, BAPW members provide data on sales to analysts IMS, who process it and sell it on to interested manufacturers. The advantage for BAPW members is that the system in use is registered to the Association, so that member are paid a transaction rate and a royalty for its use.

inefficient under current arrangements.

"BAPW wholesalers already have the infrastructure and twice daily deliveries," he argues. "The NHS structure of intermediate depots simply duplicates this."

"The costs of staffing, capital investment and the risk of write-offs don't make it economic for the NHS to continue with this policy. Even the manufacturers don't make money out of the present arrangements."

"Wholesalers would provide a more efficient, cost effective service and carry the complete risk. The national wholesalers have done a lot of work on the needs of hospitals."

Vested interests

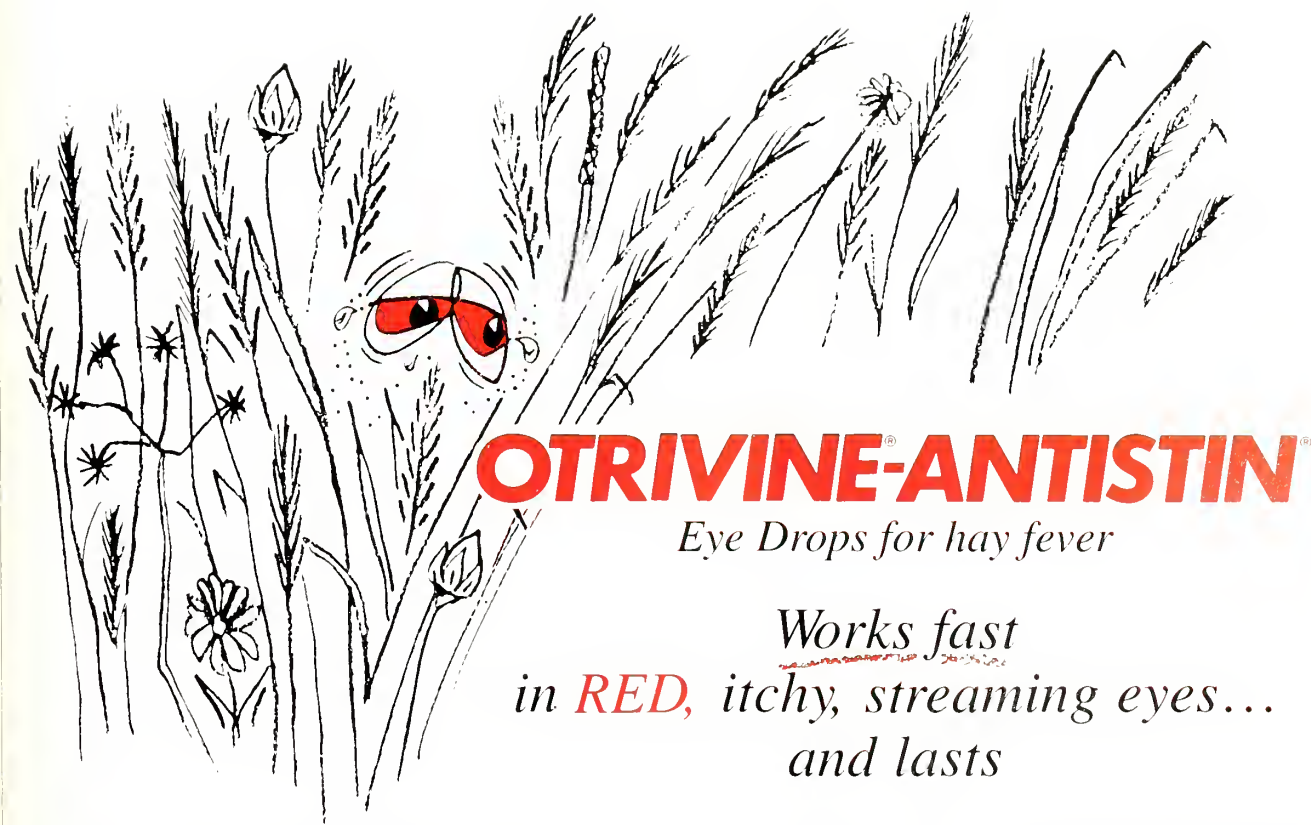
Mr Watts is looking at a "modified just-in-time" service to hospitals from the wholesaling sector. "All I am arguing for is a meaningful trial at this stage," he says.

"I know that the National Audit Office is very interested on our proposals. We estimate there would be a one-off saving of £300 million for the NHS, plus a recurring saving on interest and capital outlay."

However, he says there are too many vested interests involved for a smooth ride for the BAPW on the issue.

Moreover, he recognises that there would have to be negotiations on inventory levels for such a JIT scheme to work. "There have got to be proper built-in safeguards. Neither the BAPW or I would be part of any scheme which did not provide a service which was equal to or better than the present arrangements. We are certainly keen to talk about inventory levels, and what a meaningful trial would come out with."

You do not have to agree with everything either Michael Watts or the BAPW is hoping to achieve to recognise that in this urbane Welshman the BAPW has found a formidable negotiator.



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Annabel Kaye of specialist staffing consultancy Irenicon says maternity leave is too complex to be left to informal agreements

With a high proportion of female staff, most pharmacies will face the situation where employees become pregnant and require maternity leave. When that happens, not only is there no personnel department to fall back on, but the usually informal atmosphere means it is very easy to discuss the matter casually and slip into a legally binding commitment which may well be regretted later.

The whole area of maternity pay, maternity leave and the right to return can become extremely complicated and is not best dealt with by a quick chat in the dispensary. Adding to the complexity is a trade union reform and employment rights Bill currently moving towards enactment which will change many factors yet again.

The right to return

The qualification for the statutory right to return depends on both length of service and due notification procedure. However, don't confuse the rules for this with the rules for statutory maternity pay, which are quite different.

While these rules are themselves not wholly straightforward, even the employer who follows them can be tripped up by some other provisions.

If you have a contractual scheme which includes maternity rights, then the rules most favourable to the employee apply. If, for example, your rules say "all pregnant women get maternity leave", the two year service requirement is waived.

Most pharmacists don't actually bother to write anything specific about maternity into such contracts and the standard terms of the NPA and the JIC give no additional rights. However, contracts need not be written — a conversational offer or promise can easily acquire legal standing.

So, for example, if an otherwise non-qualifying staff member tells you she is pregnant and that she would like to return, simply reassuring her with: "Don't worry, just let me know when you're ready to come back", could be considered an agreement, regardless of service and notification qualifications.

Return to what?

More common than misunderstanding about whether someone intends to return is what type of employment she comes back to. The legal entitlement is simply the same or similar work. There is certainly no general right to a

When mum wants to come back



for this. In particular, do not forget the process of proper selection and consultation — she is not an easy option even if you are fairly certain she will not return.

On the bright side

In practice, although the full legal situation can be fearsomely complex, most pharmacies have little difficulty. Many assistants are part-time anyway and it is relatively easy to adjust hours to suit mothers who wish to work, allowing the sensible retention of

change to part-time, although some employers have it in their contracts of employment.

Otherwise it requires a change in the contract to accept part-time working. However, even just a verbal agreement — "Yes, come back mornings only if you want, then we'll see" — does become binding.

Make sure everything is in writing and avoid any casual chats without witnesses. There can be a genuine misunderstanding or, at worst, a situation where a tribunal has to decide whose version to believe. If you reach agreement, write and confirm what was said, including if the proposed option is just a possibility to be considered. If she writes to you, never ignore it but always respond agreeing or pointing out discrepancies.

Make sure any changes are still subject to statutory notification rules — and remember to amend, formally, the statement of terms such as NPA ones, within a month of the discussion.

No rights?

Even if there is no entitlement to return, you still may not dismiss her because of pregnancy — that is legally "unfair" and contrary to sex discrimination legislation. There is a Bill in Parliament at the moment which will give all pregnant employees 14 weeks' maternity leave. It also affects dismissals and sick leave, so take advice on the latest position before acting. The NPA's advisory service can help here.

It may even be possible for a woman without a right of return to have enough leave due to cover the period she wants to be away: if this situation arises, take advice.

Employment status

It is a misrepresentation to say, as we often do, that someone is "leaving to have a baby". If qualified and having notified you of it, she can still be the subject of redundancy — provided all the necessary conditions have been fulfilled

experienced and eager-to-work staff.

Mistakes can be costly — tribunal compensation awards can rise to £10,000 — but most problems are caused by not following proper procedures, especially the casual little chats that then give rise to disputes.

Follow this basic guidance and always seek advice if you have a pregnant employee.

An easy-to-follow flow chart is available to allow readers to work their way through most situations on a question-and-answer basis. This may be obtained by contacting Marjery Williams on 0892 668668, although Irenicon are at some pains to stress that in the case of any doubt it is still prudent to seek specific advice.

• *This article has been prepared by Annabel Kaye, managing director at Irenicon, a specialist consultant retained by the NPA to provide legal advisory services for members. As well as advising, Irenicon has effectively represented pharmacists at industrial tribunals since 1980.*



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We have to admit it, when we got the taste-test results we were amazed. We had expected there to be some improvement, but not quite this much.

The taste-tests revealed that new formulation Fybogel Orange was not only the best-liked flavoured fibre product for fruitiness, aftertaste and drinkability, but also the best-liked flavoured fibre product overall.¹

FYBOGEL PHARMACY PRESCRIBING INFORMATION **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken with water) Adults and children over 12: One sachet morning and evening. Children 6–12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction.



W

ced before

Needless to say we're delighted with the improvements and we expect your customers will be too. And, of course, you can still rely on Fybogel Orange to keep your customers regular customers.

^{NEW}
Fybogel Orange
Ispaghula Husk BP

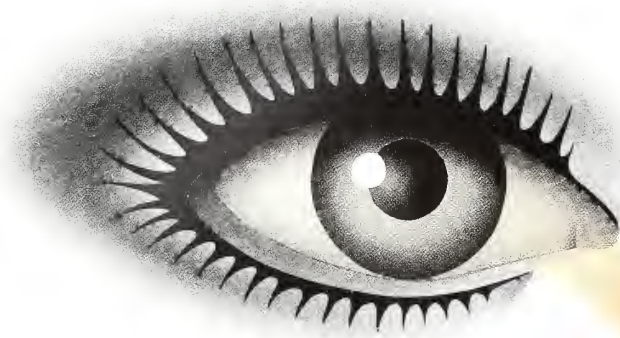
Regular as clockwork



Reckitt & Colman Products Limited

and colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25, Eire 79p. **PL NO.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. **Reference:** 1. Market Research Report, R&C Report No. 9293; Data on file, 1992.

YOU CAN SEE WHY POLLON-EZE



IS NOT TO BE SNEEZED AT



Hayfever sufferers whose eyes and nose are affected, will be looking out for Pollon-Eze this season. Especially when they've seen and heard the National Press and Radio advertising that forms part of our £500,000 promotional package. Add to that; eye-catching POS, a colourful dispenser and informative customer leaflets, and you'll see why Pollon-Eze sales will be rising with the pollen-count.

Alongside commercial credentials, don't forget the

obvious reasons to recommend. Pollon-Eze contains the non-sedating antihistamine 'astemizole', and relieves itchy eyes, sneezing and runny nose, with one tablet daily, from a convenient seven-day calendar pack.

For further information on merchandising material and special bonus deals, speak to your local Janssen representative, or call our Hotline on: 0800 660012. For product and sales performance, Pollon-Eze is worth stocking seriously.

POLLON-EZE
for hay fever



RELIEF FROM
*Itchy eyes
Sneezing
Runny nose*

WITHOUT
DROWSINESS

BY JANSSEN

POLLON-EZETM

24-HOUR RELIEF FROM POLLEN-EYES AND POLLEN-NOSE

Essential Information:

Presentation: Tablets providing 10mg of astemizole. **Indications:** Hayfever. **Dosage and Administration:** Adults and children over 12: ONE tablet orally, once daily during hayfever season. **Contra-indications:** Pregnancy, lactation, hypersensitivity to astemizole, hypokalaemia, liver dysfunction, QT prolongation, concomitant use of erythromycin, oral ketoconazole, antiarrhythmics, neuroleptics, tricyclics, terfenadine. **Precautions and Warnings:** Women of childbearing potential should use adequate contraceptive protection during, and for several weeks after stopping therapy. Keep out of the reach of children. Do not exceed the recommended dose. **Adverse Reaction:** Rarely, hypersensitivity reactions (however a causal relationship is unclear), ventricular arrhythmias at high dose, convulsions, hepatitis. **RSP:** £3.49. **Legal Category:** P. **Product Licence No. and Holder:** PL 0242/0144, Janssen Pharmaceutical Ltd, Grove, Oxford OX12 0DQ. TM denotes trademark.



Nature of the allergic response

Allergy or hypersensitivity occurs when an individual is overly reactive to an antigen, a substance which stimulates the body's immune system.

Typically such materials are proteins but other macromolecules may also be antigenic. Antigens which induce an allergic reaction are more properly called allergens.

Susceptibility of an individual to allergy is variable and largely determined by genetic factors. That said, some 25-30 per cent of the population is susceptible to allergic disease. Such people produce a high level of immunoglobulin E antibodies, often in response to relatively small allergen challenges. Such susceptibility is said to be atopic.

Hypersensitivity reactions are generally classified into four basic types:

- Type 1 (anaphylaxis)
- Type 2 (cytotoxic)
- Type 3 (immune complex)
- Type 4 (cell mediated)

Types 1, 2 and 3 are mediated by the antibody while type 4 is cell-mediated.

Antibody-generated reactions are rapid in onset and are also known as immediate hypersensitivity reactions.

Anaphylaxis

Anaphylaxis reactions are the most common and occur a few minutes after a person sensitised to an allergen is re-exposed to it.

Initial exposure to an antigen in a susceptible person leads to the production of IgE antibodies which bind onto the cell surfaces of mast cells and basophils. Subsequent exposure leads to an antigen-antibody reaction and the activation of a system which releases inflammatory mediators from the cell.

Whereas basophils circulate in the blood, mast cells are especially numerous in the connective tissue of the skin, the respiratory system and the endothelium of blood vessels.

The mediators which these cells release include histamine, prostaglandins, leukotrienes, and kinins. Collectively these mediators increase blood capillary permeability, increase smooth muscle contraction in the lungs and increase mucous secretion.

The acute inflammatory reaction these mediators cause is manifested as urticaria (skin), rhinitis (nasal mucosa), allergic conjunctivitis (eyes), and allergic asthma. In a most severe form it is seen as anaphylactic shock where the cardiovascular system is affected.

Hypersensitivity reactions affect upwards of 30 per cent of the population in one form or another. They fall into four basic types...

The affected site is largely determined by the point of access of the causative allergen. Pollen may stimulate a response in the nasal mucosa, cosmetics on the skin, while a wasp sting or ingestion of certain foods (eg shellfish) may precipitate anaphylactic shock.

Cytotoxic reactions

Type 2 reactions are also termed cytotoxic because they involve damage to particular cells (frequently blood cells) or tissues. An antigen on the surface of the cell combines

with antibody which "fixes" complement, and damage of the cell membrane results in lysis.

Complement is a group of some 20 proteins found in blood serum, so called because they "complement" immune reactions involving antibodies. The antigen-antibody complex attaches the complement to the surface of the invading microbe, and once activated it has a number of actions:

- Cytolysis — forms holes in the plasma membrane allowing the cell contents to leak out

- Inflammation — histamine release from mast cells and basophils increases permeability and enables leucocytes move into tissues

- Opsonisation — some complement proteins bind to the cell surface and interact with phagocytes, promoting phagocytosis.

Examples of cytotoxic reactions are auto-immune haemolytic anaemia and haemolytic anaemia of the newborn.

Immune complex

It has for some time been recognised that there may be an immune component to complaints such as rheumatoid arthritis, glomerulonephritis and infective carditis. Serum sickness may also occur as a response to drugs such as penicillin, streptomycin and sulphonamides.

Type 3 hypersensitivity depends on immune complex formation in the capillary beds of tissues. When certain ratios of antigen to antibody occur, the complexes are small enough to escape phagocytosis. The complexes become trapped in the basement membrane under the endothelium of blood vessels, resulting in activation of the complement system and local inflammation.

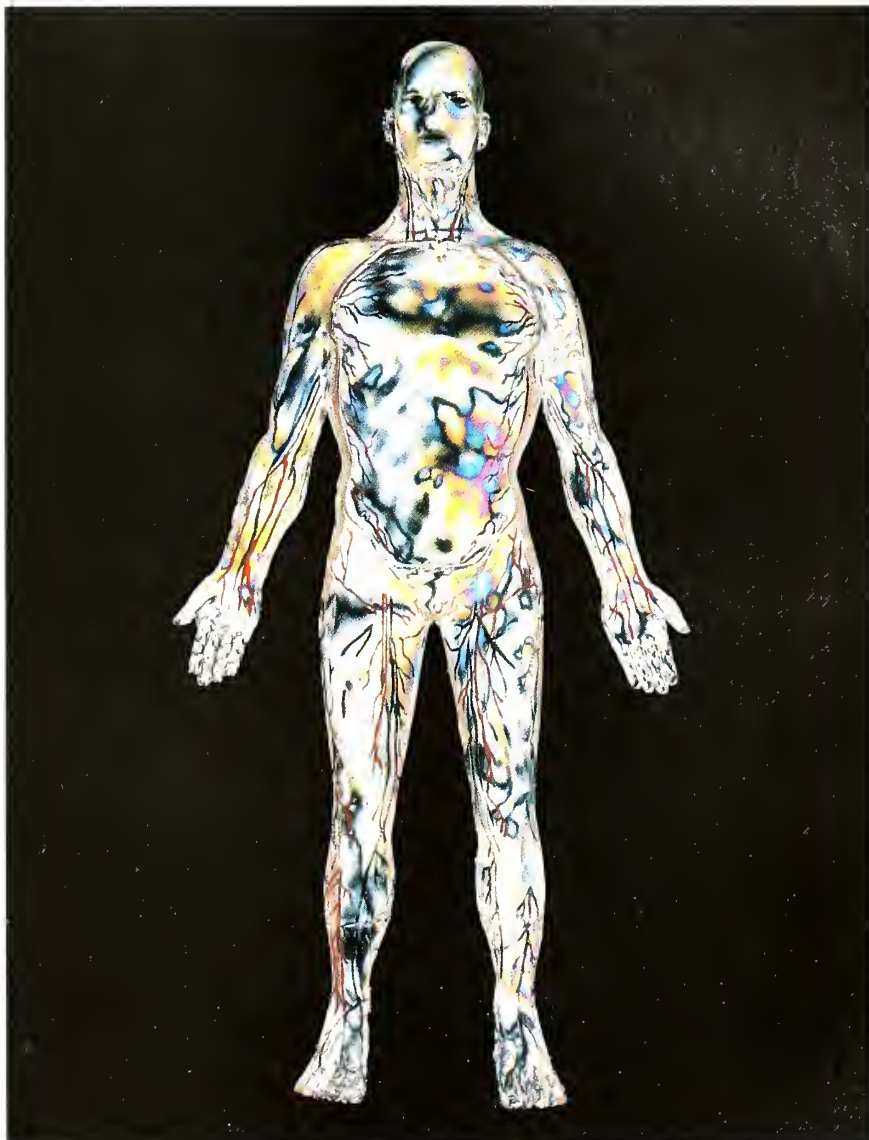
Delayed reactions

Cell-mediated immune reactions occur in a number of viral and bacterial infections, especially those which have a predominantly intracellular site of action, eg *Mycobacterium tuberculosis*, *Bordetella pertussis* and *Treponema pallidum*.

The BCG skin test for tuberculosis is an example of a type 4 reaction, as is contact dermatitis and tissue rejection following transplant. Cell-mediated hypersensitivity is also important in a large number of chronic inflammatory diseases.

Type 4 reactions often do not become apparent for a day or more. Antibodies are not involved; the antigen instead stimulates T-lymphocytes to produce lymphokines. Some lymphokines affect macrophage function, causing accumulation at the site of the reaction, others have chemotactic properties for polymorphonuclear leucocytes.

Accumulation and activity of macrophages results in granuloma formation, tissue destruction and fibrous scarring.



A problem with sunshine...



The Summer holiday is one of the most eagerly awaited events in the annual calendar, but can be ruined by the one activity that many people go abroad for: sunbathing.

Up to 20 per cent of the population suffers to a greater or lesser extent from photodermatosis — an allergic reaction to light exposure.

The most common form of photodermatosis is known as polymorphic light eruption. It occurs in susceptible individuals at the start of the Summer or when they visit a place with higher solar radiation than they usually experience.

The reaction appears as a red, itchy rash which often develops on the neck, shoulders, chest and arms of sufferers. As implied by the term polymorphous, the eruptions can consist pruritic papules (seen in about 50 per cent of sufferers), plaques or erythema.

Typically the symptoms develop one to two days after exposure to the sun. However, in 33 per cent of photodermatosis patients the eruptions tend to abate as the Summer progresses, due largely to the tanning or thickening of skin in the affected areas on regular exposure. Management involves avoiding excessive sun exposure, or gradually increasing exposure to induce tolerance.

Research carried out by the Dermatological Institute of the Vienna University Hospital indicates that the incidence of photodermatoses can be reduced by up to 80 per cent by using high sun protection factor (SPF 12 plus) sunscreens.

However, it is the longer wave UV component of sunlight, UVA, which is

Absorbance range of sunscreens

| Chemical | Range(nm) |
|----------------------------------|-----------|
| Anthranilates | 260-380 |
| Benzophenones (eg oxybensone) | 250-390 |
| Cinnamates | 250-380 |
| PABA and derivatives | 260-320 |
| Titanium dioxide | 290-700 |
| Zinc oxide | 290-700 |

responsible for many photosensitivity reactions and photodermatoses (as well as being involved in the pathogenesis of skin cancer).

Most sunscreens carry an SPF number, but this indicates the level of protection provided against UVB, which causes sunburn. Preparations which contain reflective substances such as titanium oxide provide the most effective protection against UVA.

The British National Formulary lists seven brands of sunscreen with titanium oxide concentrations varying from 3-18 per cent. All are also available over the counter.

There are a number of other skin conditions which can be triggered by UVA. They include:

- Chronic actinic dermatitis, where there the skin eruptions initially start on exposed skin. Erythematous papules and plaques later progress to chronic infiltrated skin lesions.
- Solar urticaria is a rare condition in which patients suffer a rapid onset of itching with subsequent urticaria and erythema within minutes of exposure to sunlight. The skin lesions are usually transient and last less than 24 hours.

Topically applied drugs or chemicals, airborne allergens, and some ingredients in perfumes and deodorants are also photocontacts. Diagnosis is based on the patient's history, although patch testing may help.

Paradoxically sunscreens, particularly para-aminobenzoic acid and its derivatives, can produce eruptions in sensitised patients. Patients proving allergic should use sunscreens such as oxybenzone or cinoxate.



Piz Buin have recently reformulated their Sun Allergy Lotion (SPF 12) with the addition of the anti-oxidant vitamin E. The lotion contains reflective micro-pigments and carries the maximum four star rating for UVA protection. It is waterproof for up to 80 minutes immersion (sunlight can penetrate up to 1.5m of water)

Into the black hole...

Drugs for allergic disorders and drugs acting on the skin are two categories targeted by the Government for the extended Selected List. Which products are likely to face the NHS axe?

The Advisory Committee on NHS Drugs is well down the path in considering which products are to be blacklisted in the ten new drug categories being added to the Selected List.

Drugs for allergic disorders including hayfever remedies, and drugs acting on the skin are two categories under consideration by the Committee. Topical corticosteroids are to be looked at on May 6, and drugs for allergic disorders will come under review in June or July.

Department of Health officials have stressed that there is no link between the legal classification of medicines and their reimbursement status. Therapeutic value and price are the prime considerations.

One approach the Committee is likely to adopt is to keep the more efficacious drugs in the Drug Tariff as generics, but to blacklist the branded equivalent. This will put pressure on companies with

sizeable market share to reduce their brand price to the Tariff generic price.

Distal adopted this policy when Distalgesic was blacklisted while co-proxamol remained prescribable. There is no generic version of terfenadine or astemizole yet on the market. These two non-sedating antihistamines can put forward a strong case for remaining prescribable, but there may be a price for Merrell Dow and Janssen, who market the branded versions — Triludan and Hismanal.

It has also been suggested that the Committee has no knowledge of any "POM to P" switches being considered by the Medicines Control Agency.

Starting point

The British National Formulary is a good reference from which to determine which products are under threat.

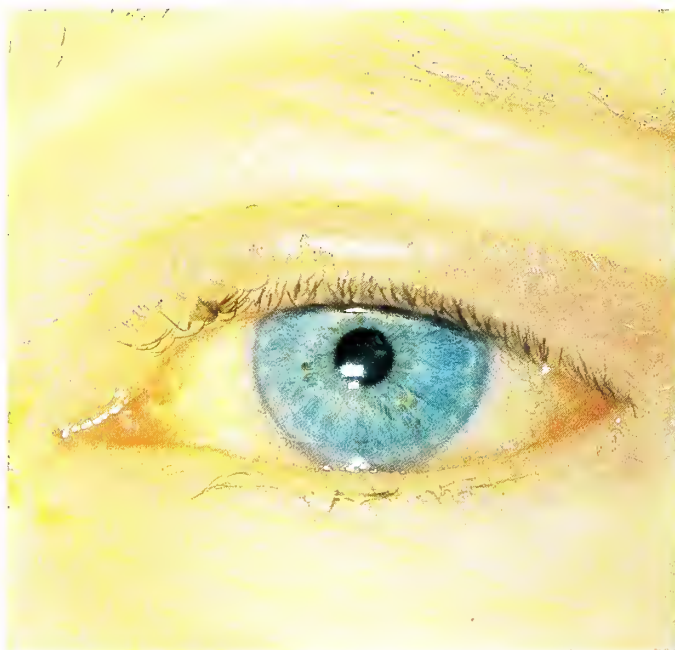
Drugs for allergic rhinitis fall under mainly under two sections: antihistamines (section

One in the eye is conjunctivitis

Allergic conjunctivitis is usually assumed to be a transitory disorder associated with seasonal factors such as pollen. In fact it covers a broad spectrum of conditions, some of which are sight threatening.

In the mildest form of conjunctival disorders, the conjunctiva becomes swollen and inflamed in response to an acute allergic challenge such as pollen. This is a seasonal disorder (seasonal allergic conjunctivitis — SAC) and the symptoms are confined to the period of exposure. Although unpleasant, it is not a sight threatening condition.

When the antigen is present all the time (eg the house dust mite, animal dander) the conjunctiva can become persistently inflamed, a condition known as perennial allergic conjunctivitis (PAC). Again, this is not a sight-threatening condition. Indeed the clinical picture is less



dramatic and inflammation may appear to be mild.

In both seasonal and perennial allergic conjunctivitis a major increase in mast-cell numbers is found. The symptoms of the conditions are thought to be a direct result of the inflammatory agents which are secreted by activated mast cells.

Treatment is therefore directed at preventing mast-cell

de-granulation, using drugs such as sodium cromoglycate and newer agents such as lodoxamide. Topical antihistamines such as antazoline sulphate may also be used for short term treatment.

More serious...

At the other end of the spectrum are disorders such as vernal or atopic keratoconjunctivitis which do

have blinding complications when the cornea becomes involved.

In the UK vernal keratoconjunctivitis (VKC) is usually seasonal, occurring mainly in the Spring in children and young adults, many of whom are atopic (ie have a history of allergic disease, typified by elevated levels of allergen-specific immunoglobulin E antibodies). Itching is a predominant feature and visual loss can occur from associated corneal problems.

The major immunological feature differentiating it from SAC and PAC is the large number of T-lymphocyte cells found in the stroma. The disease process is only partially affected by sodium cromoglycate, another indicator that cells other than mast cells are involved in the inflammatory response.

Corneal abnormalities can occur in VKC, with plaque-like deposits occurring in the anterior cornea which contain mucous or stratified layers of epithelial cells.

Patients with atopic dermatitis, who often have other atopic diseases such as asthma, may develop atopic keratoconjunctivitis. It usually affects older patients rather than children. The tissue of the conjunctiva becomes oedematous and is infiltrated by lymphocytes and eosinophils.

3.4) and drugs used in nasal allergy (section 12.2.1).

Three of the non-sedating antihistamines are available over the counter, and it is likely that the two POM products will become Pharmacy medicines in the near future. Cost is likely to be a key factor in determining

The procedure the Committee has adopted is now clear. The Committee meets every month. Each category is considered by a sub-committee, and a preliminary report presented the following month.

Manufacturers of products which the Committee has targeted for possible inclusion in the Selected List are then notified and invited to provide details of their drugs.

The next month the Committee considers the submissions from manufacturers and determines which products are to join the Selected List. Companies are notified and given the opportunity of making further comment before the final decisions are taken.

The Department of Health hopes to schedule the first batch of products before the Parliamentary Summer recess, with the larger remaining portion following before Christmas if the legislative timetable permits.

which remain available on prescription.

Cetirizine is the most expensive in terms of cost of treatment per day, but unlike the others is not hepatically metabolised. Acrivastine, astemizole and terfenadine all fall within the 19-21p per day cost bracket with loratidine slightly more expensive at 26p.

Of the sedating antihistamines, the BNF notes that chlorpheniramine and mequitazine are the less sedating options, although the latter is the most expensive. On this basis one of the cheaper more sedating drugs, such as brompheniramine or promethazine is likely to remain available along with chlorpheniramine. All are available as generics.

Nasal allergy

Topical preparations for treating nasal allergy can be grouped into antihistamines, sodium cromoglycate and corticosteroid sprays.

Whether azelastine (Rhinolast) offers any significant advantages over oral antihistamines will no doubt be considered by the Advisory Committee.

Sodium cromoglycate (available as Rynacrom) seems sure to be retained, but the Committee may look at the price to encourage a generic option.

Five nasal corticosteroid

sprays are listed and rationalisation is likely here, with possibly only one inexpensive product retained.

Topical steroids

The Advisory Committee has announced it will consider topical corticosteroids as a separate category on May 6. The list in section 13.4 of the BNF is extensive, but apart from hydrocortisone there are few unbranded preparations. Many of the products listed are compound preparations which include either antifungal or antibiotic agents.

There are likely to be heavy cutbacks. Most branded hydrocortisones face blacklisting, with possibly only the generic option left for prescribers.

The BNF notes that the advantages of including other substances with corticosteroids in topical preparations are debatable, so heavy restrictions are again probable.

Topical corticosteroids are classified in the BNF according to their potency. Some 18 different steroids are presented, some in compound preparations, in over 80 different branded products.

The Committee is unlikely to accept so much apparent duplication and may well restrict prescribers to one or two alternatives in each of the low, medium and high potency brackets.

Asthma no fun for children

One in three asthmatic children wake at least once a week with nocturnal asthma symptoms while two out of five have needed a GP home visit due to a bad attack in the last 12 months. Over two thirds of asthmatic children missed time at school because of their complaint.

These results come from a six month survey of over 20,000 patients by Action Asthma, a group of UK doctors with a special interest in the condition.

Half the respondents claim to suffer asthma symptoms at least once a week, while 24 per cent suffered daily. School performance is affected, with over 50 per cent of asthmatic children reporting diminished attention span and tiredness after a nocturnal attack.

Over two thirds also claimed to miss games some or all of the time, while 25 per cent did not look after their own medication and had to ask for it when needed.

Regular asthma symptoms are a sign that asthma is not well controlled and that management should be reviewed. Many children are suffering unnecessary restrictions on their lifestyle, the survey concludes.

Certain major health problems, affecting at least 15 per cent of the population in the developed world, are now recognised as frequently having an allergic basis. The conditions — rhinitis, bronchial asthma, and atopic eczema — can range in severity from the very mild to the extremely severe.

All have been the subject of a major pharmacological pursuit since the Second World War and it has been common medical practice to rely almost solely on agents such as corticosteroids, bronchodilators, and antihistamines in clinical management. Such drugs have been effective in most cases.

Two developments have begun to alter the way we address these disorders. Firstly, our understanding of immunopathogenesis now clearly indicates that all three are inflammatory conditions and therapy focuses on drugs which can suppress or prevent inflammation developing.

Perhaps the best example has been the change in attitude to the use of inhaled corticosteroids, which are now accepted as a mainstay therapy for bronchial asthma in all but its mildest form. The search for other anti-inflammatory agents continues, with the antihistamine cetirizine exemplifying a molecule which influences both the immediate and the delayed inflammatory components of upper airway disease.

The recognition of the inflammatory nature of these disorders has refocused attention on the stimuli to inflammation and, in particular, those that are amenable to intervention. Foremost among these are the allergic influences. Most people are aware of the role of grass and other pollen producing plants in the exacerbation of allergic symptoms during the Spring and early Summer.

Perennial problems

Unfortunately, the same recognition does not apply to those year round (perennial) allergens found in the home, and perhaps the workplace, which contribute to symptoms on a daily basis. Foremost among these is house dust mite allergen, followed by those produced by cats and dogs.

In recent years, the introduction of highly sensitive and reproducible assays has allowed measurement of the major allergens of the house dust mite in dust samples from carpets, soft furnishings, and bedding.

Most homes have allergen levels many times greater than those recommended by the major international medical/scientific bodies which have addressed this issue.

These levels are influenced by indoor temperature and humidity and as such are very much a product of modern living. Central heating and double glazing produce the ideal conditions for mite replication. The use of assays has established the level of reduction associated with

Put the blame on dust mite

Allergy has become a buzz word in the 90s. People credit a variety of ills to allergic reaction. There is, however, growing evidence against allergen from the house dust mite. Dr Bruce Mitchell, consultant clinical immunologist/allergist for Vax Appliances, comments on current thinking



The house dust mite is approximately 0.3mm long and is a microscopic relative of the spider. The mites feed on human skin scales that have been broken down by moulds and excrete around 20 faecal pellets a day which build up in mattresses and carpets

different approaches to the control of allergen levels.

The associated clinical benefits can be demonstrated in those individuals who are sensitive to these allergens. Major studies now underway seek to determine the influence that allergen exposure in early life has on disease development as well as disease exacerbation.

The control of house dust mite allergen can be achieved using a variety of methods. The newer type of mattress covers (eg Intervent), which allow passage of air and water vapour but not allergen, satisfactorily deal with one aspect of the problem.

Hot cycle washing of bedding, removal of soft toys, books and clutter all contribute. However, the major reservoirs found in carpets and soft furnishings and bedding must also be addressed to achieve the desired overall reduction.

Most people require an effective approach to the control of allergen levels in these items, rather than their actual removal. As greater than 95 per cent of the major house dust mite allergen accumulates in the form of faecal pellets the size of pollen grains, which become airborne when the room is disturbed, these pellets must be removed to result in an effective reduction in levels.

This is true even if pesticides to kill house dust mites (ie acaricides such as Actomite) are used. Routine dry vacuuming may not adequately remove these faecal particles.

Mite control

According to the British Society for Allergy and Clinical Immunology working group on the control of domestic allergens, mite and allergen control measures must be directed towards the sites that contain most respirable allergen. These sites depend on individual domestic habits.

Mite control must be aimed at areas in the home where people spend most of their time and where allergen exposure is heaviest — the bedrooms and living room at a minimum.

The use of dry vacuum cleaning as the sole means of controlling mites and allergens can only represent a partial solution because the live mites remaining will eventually replenish the reservoir. Also cleaning methods have to be carefully considered in order to ensure they do not exacerbate the situation by causing the allergen to become airborne. Not only does this fail to remove it from the environment, but it produces the conditions most likely to give the sufferer distress.

One practical and effective solution is the use of 3 in 1 vacuum cleaners with a specialised cleaning agent such as Allerite, applied through a wet wash system. This removes the faecal particles of the house dust mite, and minimises airborne dust hazard as the water acts as a total filter.

In this way allergy sufferers can achieve effective allergy control as part of the normal household cleaning regime. This is valuable, since studies show sufferers are keen to play some active role in helping themselves, and are prepared to invest time and effort in improving their situation.

Typically, when surveyed, sufferers do not want to be seen as abnormal/invalids and therefore welcome non-medical options they can incorporate into their everyday routine.

• A series of seminars on allergy are being held by the Health Visitors Association in June in conjunction with Vax Appliances, covering the management of allergy, and giving practical advice on the prevention and alleviation of asthma, eczema and rhinitis in the home. Details from the HVA (tel: 071-378-7255) or Vax (tel: 0905 795959).

What's on the market...

There are a number of products available for tackling house dust mite and their faecal pellets, which are the cause of allergic reactions in susceptible individuals.

Allerite from Vax Appliances (tel: 0905 795959) is a fabric cleaner which provides a safe and effective means of controlling the allergen in carpets, soft furnishings and mattresses. Used regularly in a Vax or other three in one vacuum cleaner, Allerite is claimed to reduce allergen levels by up to 95 per cent.

By applying through a wet washing process the generation of airborne particles containing the allergen is reduced. Allerite works by removing the faecal particles as well as the dust and dirt where the dust mite resides. Intensive treatment may be required for the first two months of usage until a high standard of cleanliness is achieved, after which washing every two months should maintain a good level of allergen control.

Actomite from Searle (tel: 0494 521124) is a CFC-free spray which claims to kill 90 per cent of house dust mites, their larvae and eggs. Treatment of each room in the house is advised every three months and involves three steps:

- Remove and wash bedding if present. Vacuum pillows, mattress, curtains and carpet
- In a well-ventilated room spray soft furnishings and carpet with a single even application of Actomite
- Allow the room to air for two to three hours. Repeat vacuuming of pillows, mattress, curtains and carpet.

Intervent is an allergen exclusion bedding system available from W.L. Gore (tel: 0483 756615). Either incorporated into new beds and bedding items, or as a range of interliners fitted over existing bedding, and covered by normal bedlinen, Intervent features a microporous membrane which creates a barrier to house dust mites. Damp dusting keeps the material virtually allergen-free.



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PRODUCT INFORMATION: Presentation: Resiston One is a 10ml pump bottle containing a solution of sodium cromoglycate BP 2% w/w and xylometazoline HCl BP 0.025% w/v. Inactives: Benzalkonium chloride, sodium edetate BP. Uses: Prevention, relief and treatment of nasal hayfever symptoms. Dosage and Administration: Adults and children over 8 years: one spray in each nostril four times a day. Contraindications: Known hypersensitivity to constituents. Precautions: Caution in pregnancy, slight risk of rebound nasal congestion with prolonged use. Side Effects: Occasionally, nasal irritation during the first few days of use. Retail Price: 10ml bottle £3.69. Legal Category: P. PL Number: 0113/0097. Further information is available on request. Fisons plc, Pharmaceutical Division, Lenton Hall, Lenton, Coalville, Leics. LE67 8 GP. RESISTON AND FISONS are Registered Trademarks of Fisons plc.

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PRODUCT INFORMATION: Clarityn Tablets contain 10mg loratadine. Indications: For the relief of symptoms associated with hayfever, allergic rhinitis and urticaria. Dosage: Adults and children aged 12 and over: one tablet once daily. Contraindications, Precautions: Hypersensitivity. Pregnancy and lactation. Side-effects: Rarely, fatigue, nausea and headache. Pack sizes: Cartons of 5 tablets. Recommended retail price £3.79. Legal Category: P. Product Licence Number: 0201/0175. Product Licence Holder: Schering-Plough Ltd, Mildenhall, Bury St Edmunds, Suffolk, IP28 7AX. Date of Preparation: March 1993.

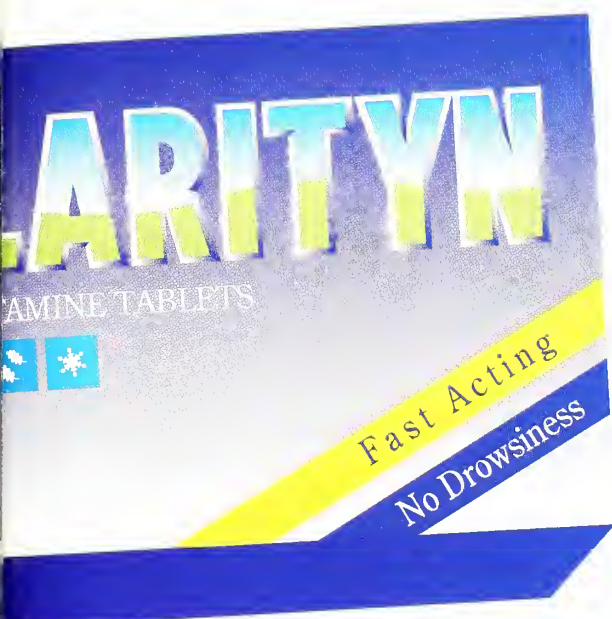
References: Ref 1. SOTO ROMAN, L. *Today's Ther. Trends*, 1988;6: 19-27. Ref 2. MOSER, L., PLUM, H. and BUECKMANN, M. *European Academy of Allergology & Clinical Immunology*, Budapest, May 1986 (abstract).



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IN MINUTES' ~ THAT LASTS ALL DAY**

Nothing to sneeze about...

The Summer hayfever season dominates the market for OTC products for allergic disorders. Like anything that is dependent on the weather, the unpredictable elements add a certain spice to the best laid marketing plans.

While hayfever sufferers welcome cool days and overcast skies, manufacturers stand poised to swing into action with tactical advertising and bonus offers as soon as the sun makes its presence felt.

The past two years have seen short but severe hay fever seasons. Mild Winters have led to early flowering of trees and grasses, with a consequent heavy pollen discharge.

However, a wet Summer last year cut sales of antihistamines to a dribble from July onwards.

So far 1993 has seen a relatively mild Winter over much of the country (Scotland excepted) and a warm early Spring. Whether there will be a replay of the last two years is anyone's guess.

Just how strong an influence the weather has can be seen by looking at last year's sales figures. Unit sales in pharmacies were up 84 per cent on the previous year in May/June 1992. The rains came in July and for the four months May to August sales only increased 3 per cent.

Terfenadine and astemizole are firmly established as

POM to P move for Zirtek?

A change in legal status from POM to P for Zirtex (cetirizine) is on the cards around mid-Summer.

"We will possibly have a status change thrust upon us by the Medicines Control Agency, and have raised no objections," Mr T. Anscomb, general manager at UCB Pharma told C&D shortly before Easter. The MCA approached the company over its intention on March 15.

All new Prescription Only Medicines are reviewed on their fifth birthday: both Zirtex and competitor Semprex have now reached this point. Terfenadine and astemizole were licensed for OTC sale in small packs when they came up for review.

Mr Anscomb is uncertain how UCB Pharma will exploit Zirtex's OTC possibilities. The company is small and relatively new to the UK market. "You need a deal of clout to go OTC," he says.

However, if Zirtex is given a Pharmacy licence he said a 10 tablet pack with a patient package insert would be made available which pharmacists could recommend and sell over the counter.

Cetirizine is unique among the new generation of antihistamines in that it is not metabolised by the liver, and does not utilise the cytochrome P45 system. It is excreted through the kidney. This means its potential for drug interactions is very low, and it is an excellent drug for urticaria and pruritis, says Mr Anscomb.

He views with some concern the possibility that the drug may be blacklisted in the extension to the Selected List. "Cetirizine has a special place. I see a case for keeping it prescribable on the NHS for dermatological conditions," he says.

The hayfever market — total pharmacies

| Sales (£000s) | | |
|-------------------|-------------------|----------|
| Mar/Apr-Sep/Oct91 | Mar/Apr-Sep/Oct92 | % change |
| 7933.5 | 7908.2 | -0.3 |

Volume sales (000s)

| | | |
|--------|--------|------|
| 2987.3 | 2844.8 | -4.8 |
|--------|--------|------|

Top five brands

Triludan Forte
Piriton
Aller-eze
Pollon-eze
Seldane

Courtesy Nielsen Marketing Research

non-sedating antihistamines for OTC sale, although older drugs such as clemastine and chlorpheniramine still have a strong following.

A new addition to the OTC market since January is loratidine (Claritin, Schering Plough). Two other compounds — cetirizine (Zirtex) from UCB

Pharma, and acrivastine (Semprex) from Wellcome — are presently only available on prescription, but in the present POM to P climate, a change in legal status could well be imminent (see box).

There is also the threat of inclusion on the extended Selected List hanging over all the antihistamines currently prescribable on the NHS. Drugs for allergic disorders and drugs acting on the skin (corticosteroids) are likely to be considered in May and June.



Crookes are using their Hc45 brand to promote a leaflet called "Help and advice for common skin rashes". The leaflet looks at seven different problems, including sun allergies, nettle rash/urticaria. The leaflet is available free by writing to Help and Advice for Commons Skin Rashes, PO Box 63, High Wycombe, Bucks HP10 8XA



Courtesy Fisons



Young problem

With some 70 per cent of hayfever sufferers aged between 15-44, and peak incidence in the late teens and early 20s, hayfever is a younger person's complaint.

Haymine is one of the older OTC remedies, and contains the sedating antihistamine chlorpheniramine combined with the nasal decongestant ephedrine.

However, compared to its non-sedating counterparts it has a lower cost per day of 17.8p (compared to Triludan 53p, Claritin 76p and Pollon-eze 50p — but which needs to be taken regularly).

During this month and next Pharmax are running a Hyamine pharmacy assistants "wordsearch" competition — entry forms are available from representatives.

TV Support
Starts Soon!

Bee prepared for the Seldane TV hayfever blitz

SELDANE®

Rapid  hayfever relief.

One tablet lasts 24 hours



Avoids Drowsiness.

It's bound to be a busy
summer for Seldane, Britain's
fastest growing antihistamine.

Seldane will be featured three
times every weekday next to the
pollen reports on national, prime
breakfast-time TV *throughout*
the hayfever season.

So *bee sure* you're
ready – stock up and
display Seldane now.



SELDANE®



Merrell confident



With two leading antihistamine brands — Triludan and Seldane — Marion Merrell Dow are awaiting the onset of this year's hayfever season with some confidence.

As with other manufacturers, they found last July and August something of a washout. Although unit sales through pharmacies of their two brands were up 139 per cent on 1991 for May and June, over the four month Summer period from May to August sales were only up 14 per cent.

While Nielsen figures show unit sales of all brands through pharmacies grew by 3 per cent from May to August, if Triludan and Seldane are extracted, the market in fact showed a decline of 6 per cent.

Karen Eggleton, senior brand manager at Merrell Dow, says that last year saw the establishment of Seldane as a major brand — it showed 38 per cent unit growth over the four key Summer months.

The launch of an OTC partner to Triludan — which takes a 77 per cent share of the prescription market for non-sedating antihistamines — was largely down to uncertainty over whether an ethical line could be advertised to consumers.

Triludan is still, however, the leading brand in terms of recommendation and self-selection. Any upsets that the extension of the Selected List are likely to cause will not be seen this year as the the category is unlikely to be considered until after the hayfever season is over.

Last year was not all plain sailing for Merrell Dow though. The PR machine was pushed into high gear when the *Daily Telegraph* picked up a circular advising on changes to the Data Sheet and splashed it on the front page.

Karen Eggleton says this was complete media over-reaction. It appears to have had little long term effect and she does

not anticipate consumers recalling the incident this year. Merrell have had 150 million plus patient month's experience with terfenadine, she says, more than any other non-sedating antihistamine.

The Data Sheet amendment warned that patients with hepatic impairment faced a rare risk of QT prolongation and ventricular arrhythmias (potentially exacerbated by hypokalaemia).

The incident has prompted the company to run a pharmacist reassurance campaign, with all outlets being mailed details of its allergy information service and copies of the patient information leaflet now being included in all packs.

This warns that terfenadine should not be taken if patients are:

- Taking oral ketoconazole or itraconazole (for fungal infections)
- taking the antibiotic erythromycin.

For 1993...

Both Triludan variants and Seldane have been repackaged for 1993. There is stronger differentiation between the Triludan products, and Seldane now looks more consumer orientated, Merrell suggest.

A full range of point of sale support will be available from representatives, including show cards, window display material, a counter unit and a new consumer leaflet.

There is a £1 million budget for above the line promotion, and there will be a national advertising campaign on GMTV. Seldane will be sponsoring the GMTV pollen forecast from the end of April until July 31 three times every weekday morning.

The company is also participating again in Pollen Beat '93.

"Excellent quantity-related bonus deals will be available through reps," says Karen Eggleton.



Zyma adds spice

Zyma have recently entered the topical hydrocortisone market with Eurax Hc. Following hard on the heels of the Government's stated intention to extend the Selected List to include drugs acting on the skin, the launch adds a bit of spice to a small but important pharmacy market.

Senior product manager James Ball accepts the OTC move with a 15g tube (the larger size remains POM) is timely but insists the launch had been planned for some time. "It will strengthen our business base. Those companies with a high proportion of prescription business may be affected heavily."

The OTC hydrocortisone market is worth some £1.7 million, and is dominated by Crookes' Hc45 (68 per cent) and Dermacort (24 per cent), with Lanacort (6 per cent — *IMS October 1992*) a poor third. The prescription market is worth £3m, generally in larger pack sizes.

Containing 0.25 per cent hydrocortisone and 10 per cent cromoliton, Eurax Hc is indicated for the relief of inflammation and pruritis associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions.

"We feel that Eurax Hc will start to compete very well with the brand leader," says Mr Ball. "Eurax has been a popular pharmacy brand for some time. We hope to build on that recommendation." Sales of Eurax and its competitor Lanacort were together worth just under £4m last year.

There are no plans to promote the brand direct to the

consumer. "Because of the indications it is very much a case of recommendation by the pharmacist," says Mr Ball.

Distribution is around 90 per cent, he claims. A mail shot is going out to all pharmacies about now which will offer two free tubes per dozen ordered.

Seasonal start for New Era

New Era are planning a £250,000 newspaper advertising campaign to support their Combination H product as soon as the hayfever season starts.

The pack has also been updated with a new illustration to bring it into line with its Winter partner Combination Q. The revamped line comes in a counter display unit which includes a shelf wobblers.

Product manager Sean O'Neill says that cartoning the product last year pushed consumer purchase through pharmacies up by 100 per cent. He claims the product is the leading natural remedy in the hayfever market.



Pollen Beat '93

Pollen Beat '93 brings together manufacturers from different markets in a co-ordinated campaign based on the holiday hayfever season.

Participating in this year's exercise are Kimberley-Clark, Merrell Dow, Vauxhall, Letts, Polaroid and Crookes.

Offer details will be carried on the back of Kleenex Super 3 and Kleenex for Men tissues. Trade promotion packs will be distributed from May 3.

A free hayfever guide will be

supplied with one proof of purchase. Free with three proofs of purchase come product samples from Crookes and Merrell, and competitions and offers from Letts, Vauxhall and Polaroid.

The number of the Seldane pollen line is also carried, giving a daily pollen count supplied by the National Pollen and Hayfever Bureau.

Last Year's Pollen Beat campaign won an Institute of Sales Promotion award.

ROBINSON EASY BREATHERS FOR SUMMER STUFFINESS AND HAYFEVER

Powerful penetrating vapours for nasal congestion caused by summer colds and hayfever.

40% of all colds are experienced during the summer.

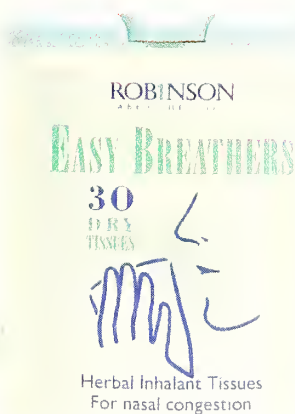
Backed by research, Easy Breathers are designed and packaged for todays consumer, selling successfully as a winter remedy.

Refreshing, Clean, Hygienic, Discreet and Convenient.

One Pack can be used by the whole family, anywhere, any time.

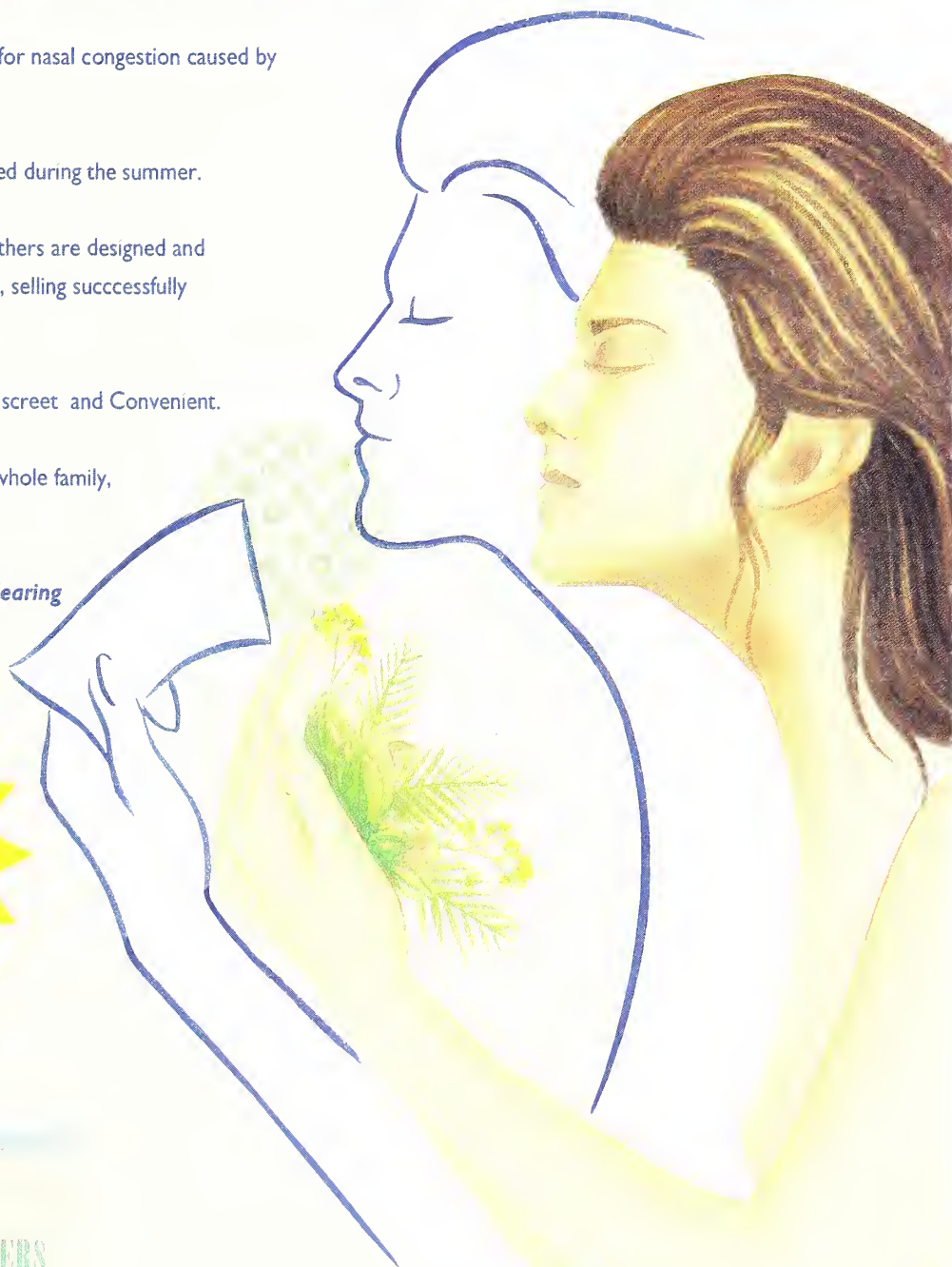
Robinson Easy Breathers - clearing the way for greater profits.

SUMMER
LINE



ROBINSON
HEALTHCARE

HIPPER HOUSE
CHESTERFIELD S40 1YF
UNITED KINGDOM



Fisons will target the hayfever hotspot

A sodium cromoglycate spray for allergic rhinitis has been available from Fisons for some time. But Rynacrom, essentially an ethical line, costs over £15 — too high for the average patient.

Resiston One is the OTC answer, containing sodium cromoglycate 2 per cent and the nasal decongestant xylometazoline. The product was launched in 1991, but has not perhaps received the support it deserves because of the recent upheavals on the OTC side at Fisons.

Despite this, sales have risen more than 150 per cent in the

past 12 months, say Fisons. This year the brand will be supported by a national Press campaign throughout the traditional hayfever season.

Fisons say London has been confirmed as a hayfever hotspot, with an estimated 1.6 million residents afflicted. A poster campaign on the Underground is planned for June. Fisons will also support National Hayfever Week in May.

For in-store display the company is producing a POS unit holding 18 packs, 36 consumer leaflets, a pharmacist detailing aid and two pharmacy assistant guides. A door or window sticker is also available.

For general information on hayfever and further educational literature, pharmacists and assistants can contact the Resiston One hotline on 0509 634000, ext 34118. Trade promotions with Numark, Unichem and AAH will run through the Summer.



Clarityn challenge for lead

Clarityn from Schering-Plough is the latest non-sedating antihistamine to move from the POM stable and become available for over the counter sale in January.

Initial sales have "significantly exceeded forecast" according to divisional director Matthew Caldwell-Nichols. "Our expectation is now to be third in cash share by the end of the first year on line for the target of brand leadership in the UK."

Schering-Plough point to the fact that 27 per cent of

sufferers switched brands in 1992, and 11 per cent of last year's purchasers were new to the market.

In addition 59 per cent of buyers seek a professional recommendation.

The brand is not being advertised directly to the public, but instead will rely on professional endorsement. A comprehensive range of point of sale and merchandising material is available to highlight the brand name in store.

Schering-Plough are operating two Freefone numbers: "Clarity line", a 24 hour regional pollen forecast, and a "Pharmacy Response Network" (tel: 0800 581878) which offers an interactive educational programme.

Buying offers from Intercare

Last year the OTC antihistamine market grew in value by 20 per cent, according to Intercare, while advertising spend mushroomed by 68 per cent to give one of the highest ratios to sales in any market.

Aller-eze and its decongestant

variant Aller-eze Plus will be supported by a promotional campaign aimed to reach some 12 million sufferers. The package includes national television advertising, local radio and advertorials in women's magazines.

The salesforce will be offering pre-seasonal buying offers along with point of sale material. The Aller-eze brand now claims a 10.5 per cent value share of the total market.

Janssen plans 'thermal' campaign

There are over 6.5 million people in the UK who suffer from hayfever symptoms, which places a massive demand on the market during the Summer.

In the face of imminent changes to the OTC hayfever market (currently worth £16 million), Janssen keep their number five position with a 4.3 per cent market share with the Pollon-eze and Hismanal brands.

Pollon-eze, launched in 1989 on the back of the prescription brand Hismanal, currently accounts for 4.1 per cent of OTC sales of non-sedating antihistamines.

Both brands will be supported over the Summer with a £500,000 promotional campaign split three to one between national Press and radio advertising. The radio campaign features a sponsorship deal with a national station, while the Press adverts will be part of a "thermal" campaign, says brand manager John Glasspool.

Bonus deals will be offered to pharmacies.

Homoeopathic

Homoeopathic hayfever remedies are currently worth between £2 million and £3m at retail out of a total homoeopathic market of around £15m.

Weleda claim some 20 per cent of the market with traditional homoeopathic remedies (non-indicated) and their Mixed Pollen 30.

Weleda hayfever treatments are sold as individualised treatments, the exception being Mixed Pollen 30 which is indicated for all forms of rhinitis caused as a result of pollen allergy.

Weleda's entire range is on offer — on a three for two basis — until the end of April. When the hayfever season hits its stride, display outers of 12 Mixed Pollen 30 will be offered for the price of 10, says sales manager Roger Barsby.

Seasonal leaflets advising customers which products are suitable for hayfever symptoms are also available.



Mixed Pollen 30 will be on special offer in late May or June

"I can ring up Weleda at any time and there'll be a pharmacist there who can help?"

Sue Miles, M.R. Pharm. S.



Weleda offer:

- The widest range of OTC homoeopathics in the UK.
- Comprehensive range of 26 indicated natural medicines.
- Full range of Pharmacy Only products and pharmaceutical specialities.
- Full range of Weleda toiletries.
- Regular training for pharmacists and pharmacy assistants.

Generous POR on all products.

For full details, please call:

0602 309319

and ask for Tele-sales.

Or fax your order:

0602 440349.

WELEDA Harnessing the Power of Nature for Health

Weleda (UK) Limited, Heanor Road, Ilkeston, Derbyshire DE7 8DR

Why pick on us?

How pleased I was to read Theo Thyne's article in *C&D* April 3 and, oh!, how I agree with every word!

It is the nature of our position as independent traders that most of us have little or no contact with our fellows. But in the past few years when I have had such contact, I have been pleasantly surprised to find that almost all agree with me and are stunned by the vast array of new services we can, or must, now provide.

We have always been available to give free advice to customers on common ailments, but how are we to find time, when already fully occupied in running our businesses, to carry out domiciliary visits, or advise nursing homes without the aid of a second pharmacist?

My own business is open for trading 41½ hours per week and, when one adds a couple of hours for paperwork at home, I think the working week is quite long enough already. Like other small businesses, in order to maximise profits and keep overheads down, I use minimum staff and therefore am fully occupied every hour of the day myself. The result is that, yes, I make a comfortable living but not so much that I could afford a second pharmacist.

When the Government decided on a free advice service to the public, one wonders why they picked on us. Why not district nurses or health visitors who are probably better qualified to do the job? Could it have been that they knew that we would roll over on our backs and say "Yes" to everything without protest?

What other profession would allow itself to be in the position we are in now, of having to beg "Please sir, may I open a business here?". Everyone else simply rents a property, screws a brass plate on the door and opens it.

Having been qualified for more than 20 years now, I consider myself to be very experienced in my profession of "dispensing chemist" which is still, we must remember, our primary function. All other services must remain peripheral to that and, if we ever forget that, we will lose our *raison d'être* and possibly our livelihoods.

Ann Walker
Renfrewshire

Too far gone...

In your **Comment** (*C&D* April 17), you questioned why Norgine chose to launch Unigam on April 1 knowing that

leave for a judicial review had been granted on March 18.

The short answer is that we had planned since last year to launch on that date and certain announcements timed to appear on April 1 had been irretrievably committed to print long before March 18. Inevitably, most of Norgine's plans for product launch were by then all in progress.

We did, however, defer any active marketing or promotion pending the decision of the court, but also we had to take the view that the decision could equally have ruled in our favour.

On a second point, we too agree with your observation that the Medicines Control Agency would not have granted a product licence on an abridged basis unless they were satisfied that it complied with the 878/21 EC Directive.

P. R. Harsant

Managing director, Norgine Ltd

A two-tier dispensing service

To take Xrayser's comments on branded drug supply (*C&D* April 10) one stage further: the pharmacists at my local Moss pharmacy dispense, I believe, Tenormin and Tagamet brands against generic prescriptions, presumably with the consent of the management. Logically, these items are delivered by the local Unichem van service.

If therefore, Moss or Unichem have an arrangement to buy these products at Tariff prices for 200 Moss outlets, then maybe Unichem could negotiate the same deal for their 2,000 or so independent customers?

It seems to me that the big boys are using this as a ploy to attract prescription business: "Come to us and get the genuine article or go to your independent pharmacy and be given an 'inferior' generic".

At least, this is the way customers will see it.

Carl Porter
Leicester

Future of training could be on computer disc

With the recent furore in community pharmacy over remuneration, may I distract your readers with some food for thought?

After reading a recent article, by Claire Anderson *et al*, analysing the training needs of community pharmacists, I have come to the conclusion that some of our biggest assets are

being under-utilised, namely staff and computers.

With that in mind, I wish to compile all relevant training and product information available at present in disc format. I would be obliged to hear if anyone has done this or has any more ideas in this particular area.

I would also be interested to hear from any bodies or manufacturers who would wish to develop a project along these lines.

I feel that the benefits of presenting information in this format are immense and would encourage more people to participate in future continuing education.

At present there are many software packages available but none which are specific to pharmacy.

R. Z. Shah

Galen Pharmacy, 26 The Parade,
Sundon Park, Luton

Demonstrating a contribution may be impossible!

The present 700-plus pharmacies in England and Wales that are now dispensing between 24,000 and 27,000 items annually are deemed to be demonstrating a contribution to

NHS services by the criterion put forward by the DoH.

However, from estimates of about £30 million as being the hoped-for savings from the latest ten new Selected List categories, by elementary mathematics these contractors will be drawn down below the proposed cut-off level at which their monthly allowance becomes payable. So, through government actions, these contractors are suddenly to make no demonstrable contribution!

This will mean that nearer 40 per cent of present contractors will be under severe financial threat, if the proposed cut-off level of 2,000 items per month is imposed.

I would be absolutely delighted to see this "demonstrable contribution" criterion applied to those rural doctors who allow their unqualified and unsupervised staff to give out highly potent prescription medicines.

With the present exposure in the Sunday national Press of the excessive profits being made in this way, now is surely the time for all of the pharmaceutical bodies to unite in a single all-encompassing PR campaign.

J. D. Thomas
Wolverhampton

Menopace[®]
ONE-A-DAY CAPSULES

MULTIVITAMINS and MINERALS
for

MENOPAUSE

Menopace, Premence and Osteocare form a range of highly effective OTC supplements for women. With an extended £500,000 press advertising campaign now running, they're already in demand.

Now available through all major
pharmaceutical wholesalers,
including

AAH, NUMARK and UNICHEM

OAP script charge possible

The president of the Association of the British Pharmaceutical Industry, Stewart Siddall, says it is possible the Government will introduce a "co-payment" or prescription charge for means-tested pensioners.

A £10 season ticket for old age pensioners who can afford to pay would raise £400m a year, Mr Siddall says, more cash than the Government will save by adding extra therapeutic categories to the Selected List.

The revenue raised from script charges in the UK is modest compared with some European countries: in Italy it is 40 per cent.

The Selected List extensions would not bring full cash savings for the present financial year, nor will the Pharmaceutical Price Regulation Scheme when it is revamped, Mr Siddall says.

UK drug prices were in the middle band in Europe and, while the price of medicines went up by just 1.7 per cent last year, the cost of NHS medicines would rise by 12 per cent because more were prescribed.

Much of this Mr Siddall put down to the "grey wave" of OAPs who cost the Health Service a

disproportionate amount.

Mr Siddall, who is vice-chairman UK Pharmaceuticals and senior vice-president for public and industry affairs at Smithkline Beecham, says four senior pharmaceutical industry figures have joined four officials from the Department of Health, and one each from the Department of Trade and Industry and the Treasury, to find a strategy to deliver health to the nation through the provision of cost-effective medicines without recourse to "surprise" measures such as the Selected List.

The ABPI representatives on the committee are Mr Siddall, and Messrs Bailey, Lance and Read of Lilly, Glaxo and Hoechst.

Announcing the new working party at a meeting of the Health and Medical Public Relations Association this week, Mr Siddall said it was important for both Government and industry to create a vehicle that will not damage and maim industry in the manner of the "blacklist".

Mr Siddall says the proposed ten new therapeutic categories on the list will fossilise development in those groups,

just as the 1985 blacklist did.

He thought the British-based drug industry would be blighted by such actions within the decade. Mr Siddall said the present positive £1.3 billion balance of payments surplus from the UK drugs industry stemmed from the climate set in the early 1980s by industry and the Government.

Drugs cost the NHS £3 billion, but conversely the UK exported drugs worth £3 billion. However, the industry re-invested 40p of each £1 of drugs purchased by the NHS in research and development, as well as a further 30p in capital investment.

Mr Siddall said the UK health bill took just 6 per cent of the gross domestic product — and of that just 10 per cent was drugs. Compared to 13-14 per cent GDP in the US, it was very modest.

Since Hilary Clinton was appointed to arrest the growth in the US drugs bill and to obtain health cover for the 35 million Americans at present with none, some £150 billion dollars had been lopped of the stock market valuation of the drug companies — one third of their value.

The Queen's birthday awards

Pfizer, Convatec, Randox and Bioscot are among the winners in the Queen's awards for export achievement announced on Her Majesty's birthday. An award for technological achievement goes to Huntleigh Healthcare (Cardiff).

There were no health sector winners in the new category of environmental awards.

Convatec makes the Granuflex wound dressing. Most of the company's exports are to the EC, but recently Convatec have launched a major investment programme in Eastern Europe.

Keith Wetherell, vice president of Convatec said: "With the collapse of communism and the disintegration of the Soviet Union, most Eastern European countries are suffering from grave shortages of the most basic healthcare supplies.

"We formed links to train local people and created offices and warehouses to bring woundcare and stomachacare products and facilities to these countries in great need."

Convatec's sales exports have increased from £302,000 in 1978 to around £50 million today.

Omega Diagnostics were also export award winners, for their medical diagnostic test kits.

Pfizer were recognised for exporting pharmaceuticals and animal health products generally, while Randox Laboratories have done well with their medical and veterinary diagnostic kits.

Huntleigh Healthcare's technology award has been won for their range of pocket diagnostic instruments for vascular and obstetric investigations.

Glaxo and SB settle patent dispute

Smithkline Beecham and Glaxo have reached agreement in the dispute over SB's patent on the use of Glaxo's 5-HT₃ antagonist Zofran.

Although Glaxo holds patents on the compound ondansetron, SB holds US and European patents on the use of 5-HT₃ antagonists, including ondansetron and SB's granisetron, in the treatment of emesis associated with cancer therapy.

Under the agreement, SB will licence all its use patents on ondansetron to Glaxo.

In return, Glaxo will make royalty payments to Smithkline Beecham based on worldwide sales of ondansetron for the treatment of emesis.



Peter Levers (left) and Cyril Adams (right) share the AAH Pharmaceuticals' sales representatives of the year award this year. They were presented with the award by Alan Turner, marketing director

Get assessed!

Do you want a personal assessment of your business by an expert management consultant? If so, let your store become one of the pharmacies featured in *Chemist & Druggist's* "Business in Focus" feature and have your business and its prospects analysed — and written up — in confidence, by specialist consultant John Kerry. Contact The Editor of *Chemist & Druggist* if you would like your business put under the microscope...

Pharmacy lags behind in retail sales revival

There was a decline in year on year sales in pharmacy last month despite accelerated growth in retailing as a whole. Nevertheless, pharmacists are expecting sales to improve dramatically in April.

The CBI's distributive trades survey confirmed February's figures, where a balance of minus eight per cent of respondents indicated trading was worse than a year ago. For March, the balance was even worse at minus 16 per cent.

Pharmacists cut the level of orders placed on suppliers during March compared with a year earlier, indicated by a balance of minus 12 per cent. Pharmacists reported that stocks had been well in excess of levels necessary to meet the demand in February, and last month's reduction in orders appears to have been to reduce levels of stock.

A balance of plus 22 per cent report that their stocks are currently in excess of those necessary to meet expected demand. This compared with a

balance of plus 48 per cent in February.

Despite all of this, pharmacists are still expecting sales volumes to improve strongly this month year on year. Orders placed on suppliers are expected to be cut back again year on year, though stocks are expected to remain at the same level relative to expected sales.

These figures are doubly surprising as retail sales volumes generally grew strong in the year to March.

Taken as a whole, retailing has shown its third consecutive monthly increase in year on year sales. The balance of plus 25 per cent indicates the fastest rate of growth in annual sales since November 1991, say the CBI. The figures are also said to be stronger than expected after the February survey.

Wholesalers report a strong year on year increase in sales volumes in March, indicated by a balance of plus 41 per cent. This reverses the February decline.

Zeneca demerger prospectus

ICI have published their prospectus, known as Pathfinder, for the demerger of Zeneca.

Shareholders will receive one fully paid Zeneca share for each ICI share held. At the same time an underwritten rights issue to raise £1.3 billion will take place. The proceeds will go to reducing Zeneca's indebtedness to ICI.

If the demerger goes through, ICI and Zeneca both intend to pay

dividends of not less than 27.5p per share.

The extraordinary general meeting of shareholders to approve the demerger takes place on May 28. However, Zeneca has already been effectively separated from ICI. If the merger is not approved, Zeneca will continue as a wholly owned subsidiary of its parent, says chairman Sir Denis Henderson.

Coming Events

Tuesday, April 27

North Metropolitan Branch, RPSGB, at School of Pharmacy, Brunswick Square, London WC1, 8pm. 'The Work of the Research Defence Society' by Simon Brophy, education manager of the Research Defence Society.

Barnet Branch, RPSGB, at Barnet General Hospital, Postgraduate Medical Centre, 7.30pm. Annual Meeting followed by 'Forged Prescriptions and other matters' by George Norris, RPSGB inspector and a Police representative of the Drug Squad.

Durham Branch, RPSGB, at the Eden Arms Hotel, Rushyford, 8pm. Annual Meeting.

South Lincolnshire Branch, RPSGB, at the Lincolnshire Oak Hotel, Sleaford, 8pm. Annual Meeting.

Wednesday, April 28

Scottish Borders Branch, RPSGB, at the Education Centre, The Borders General Hospital, 7.30pm for 8pm. Annual Meeting.

Liverpool Branch, RPSGB, at Room 24, Mersey RHA, Hamilton House, 24 Pall Mall, Liverpool, 8pm. Annual Meeting and presentation entitled 'Merce - the inside story' by Nick Hough, director.

Eastbourne Branch, RPSGB, at White Stones, Seaville Drive, Pevensey Bay, 8pm. Annual Meeting.

Thursday, April 29

Bradford & Halifax Branch, NPA, at The Bankfield Hotel, Bradford Road, Bingley, 8pm. Annual meeting followed by AGM of the **Bradford & District RPSGB Branch**.

Somerset Branch, RPSGB, at Somerset Post-graduate Centre, Musgrove Park Hospital, Taunton,

7.15 for 8.15pm. Annual meeting followed by 'My life with 'Auntie''. Speaker Mrs Sheila Axtens, a BBC radio controller.

Bath Branch, RPSGB, at The Ram, Widecombe, Bath, 7.30pm for 8pm. Annual meeting.

Advance information

The British Society for the History of Pharmacy. Meeting at the Royal Pharmaceutical Society's House, 1 Lambeth High Street, London SE1 7JN, on **May 11**, 5.30pm for 6.30pm. 'Caveat lector' by Mr Robert Blyth, MBE, FRPharmS, retired editor, *Pharmaceutical Journal*.

Society of Chemical Industry. Results of Hemacare's US studies on passive immunisation in AIDS patients on **May 20-21** at Belgrave Square, London. Further details from Lucinda Middleton, IBC Technical Services, 57-61 Mortimer Street, London W1 7TD. (Tel: 071-637 4383). **Industrial Pharmacist Group** meeting on **May 27** in the morning, at RPSGB headquarters. Annual meeting and group meeting on regulatory affairs.

British Association of Pharmaceutical Physicians. Symposium on Computers in Pharmaceutical Medicine on **May 27**, at The Royal Aeronautical Society, 4 Hamilton Place, London W1V 0BQ. Further information from Elizabeth Borg, BrAPP administrator, tel: 071-491 8610.

The Royal Society of Medicine. Meeting of the section of Library and Scientific Research on "Good Clinical Management" on **May 27** at 5.00pm. Further details contact Mrs Samantha Greshoff, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

International Pharmaceutical Marketing. Conference on May 27 & 28, at Forte Crest, Regents Park, London W1. Further information from Michelle O'Mahony, tel: 071-379 8040.

Afro Hair and Beauty 93 exhibition on **May 30-31** at the Business Design Centre, Islington. Details contact Jane Hammond at Trident Public Relations, tel: 081-874 3610, or Claire Jackson at Afro Hair & Beauty, tel: 081-801 7321.

Mersey Academic Pharmacy Practice Unit. Evening meeting on 'Smoking Dangers' on **June 8** to be held at the Senate Room of Senate House, University of Liverpool, 8-10pm. Buffet 7.15pm. Confirmation of attendance to Miss S. Harper, MAPPU, Whiston Hospital. (Tel: 051-430 1256).

Telegraph launches customer service awards

The Daily Telegraph and Firstdirect, the Midland Bank's telephone bank, are inviting pharmacists to enter their customer service awards.

The 1993 *Daily Telegraph* and Firstdirect "Customer First" Awards are open to companies of all sizes which can show that attention to good service paid off.

The awards are to be judged by a panel of leading business figures, including Firstdirect's chief executive Kevin Newman and the business editor of *The Daily Telegraph*, Roland Gribben.

Pharmacies came out among

BAPW associates appoints ten man council

The British Association of Pharmaceutical Wholesaler's associate membership group has appointed a council of 10 members.

The council comprises the following representatives of the OTC and ethical sectors: Roger Bell of Fisons, Trevor Bell of Milupa, Paul Cannon of Marion Merrell Dow, Stewart Heron of SB, Mike Heyday of Wellcome, Chris Gwinnett-Sharp of Schering Plough, Tony Fletcher of 3M, Maureen McInnes of Cilag, Ray Storer of Lilly and also Russell Savage of Reckitt and Colman.

The aim of the associate membership is to further improve relationships between pharmaceutical wholesalers, OTC and ethical manufacturers. The first meeting of the council will take place in May.

Diprivan gains FDA approval

Zeneca have received approval to supply Diprivan to the US market from its production facilities at Caponago, near Milan. Until now the drug has been made under licence for the US market by Kabi Pharmaceutical of Sweden.

Zeneca are spending £44 million to expand the plant; work is due for completion in 1994.

David Friend, chief executive officer of Zeneca, was "delighted that the FDA approval has further underlined the importance of this factory as a source for world markets."

Mr Friend said the operation represented a significant step in strengthening Zeneca's European manufacturing base.

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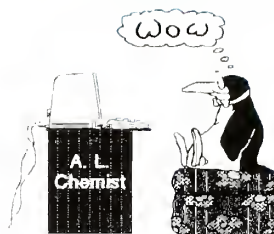
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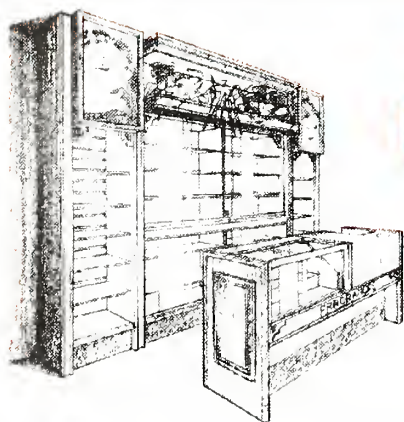
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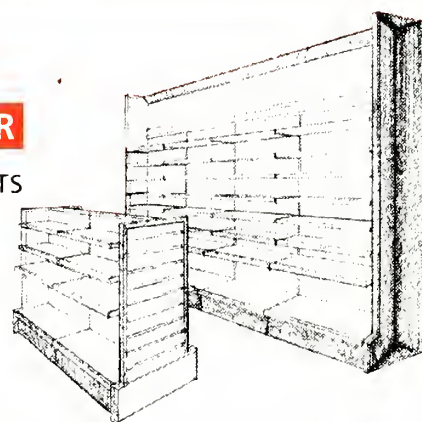
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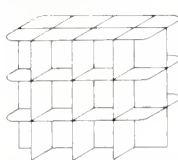
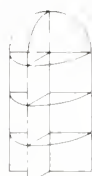
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PHARMACIST MANAGERS

DOVER, KENT - Pharmacist required from October '93 to manage friendly pharmacy in SE Kent. Experience not necessary and newly-qualified considered. Tel: 0304 206968 for interview.

LOCUMS

LONDON - Part time pharmacist required for easily run shop. Hours 2pm - 7pm Monday - Friday (Saturdays optional). Telephone 081-969 8741.

TILBURY, ESSEX - Locum required for regular Saturday/alternate Saturday cover 9-5.30pm. Pleasant conditions, experienced staff. Tel: 0375 843012.

SW4 AREA - Pharmacist locum required to cover for late night dispensing and Sundays. Tel: 071-622 3147.

CARSHALTON, SURREY - Locum required August-November inc. Five-day week 9am-6pm. Tel: 081-644 8972 (day) 081-661 0975 (eve) Mr Jiwa.

EDINBURGH - Pharmacist required Saturday mornings for easy-to-run pharmacy. Tel: Graeme Millar on 031-337 0608.

SITUATIONS WANTED

ESSEX/SUFFOLK/LONDON - Community pharmacist available Bank Holidays - May 3 and 31. Please tel: 0255 672845 (work). Mr Nikjoo.

EXPERIENCED LOCUM available on Fridays within 10 mile radius of Gants Hill, Ilford. Tel: 081-554 3543 after 7 pm Mr Cassen.

EXCESS STOCK

TRADE LESS 33% - 2 x 84 Drogenil 250mg (exp 4/96). Tel: 071-790 0625.

TRADE LESS 40%+VAT+POSTAGE - 56 Rifinah 300 (exp 11/93); 13 Erythroped A 1g sachets (exp 11/93); 4 x 28 Cordarone X 100mg (exp 1/94); 58 Spans Stelazine 15mg (exp 11/93). Tel: 0742 343615.

COST LESS 30% - 100 Magnapen caps; 20 Bioclusive dressings; 28 Secadrex; 120 Bricanyl SA; 20 Wallace; 500 Emty bags; 300g Calcium Resonium. Tel: 0480 214355.

TRADE LESS 30%+VAT+POSTAGE - 10 x 28 Norval tabs 30mg (exp 5/96); 30 Deponit 10 patches (exp 9/93); 500ml Algitec suspension (exp 6/93); 56 Corwin tabs (exp 6/93); 100 Lasix tabs 500mg (exp 6/93); 84 Loron caps 400mg (exp 12/94); 100 Lipid caps 300mg (exp 8/93). Tel: 0702 219558.

TRADE LESS 40%+VAT+POSTAGE - 4 x 100Lipid (exp 3/95); 2.5 x 100 Sabril (exp 7/94); 3 x 28 Tenif (exp 9/94). Tel: 081-202 0738.

40% OFF - 1 x 60 Dyspamet (exp 11/94); 80 x Provera 100mg (exp 7/95); 3 x 30 Biotrol Elite 50mm (ref:32-850); 2 x 10 Ileadress (ref:32-850). Tel: 0702 345731.

TRADE LESS 40%+VAT+POSTAGE - 48 x 2g Azactam inj; 2 x 3g Pipril V inj; 10 Premaxin IV 500mg. Tel: 0272 736580.

TRADE LESS 50%+VAT - 4 x 30 Sincare ECI Colo 51mm. Code 32-330-57. Tel: 081-399 4854.

TRADE LESS 30%+VAT+POSTAGE - 438 Madopar 62.5 disp (exp 9/94); 171 Madopar 62.5 disp (exp 9/94); 100 Lipid 300mg (exp 8/94). Tel: 0386 446244.

TRADE LESS 30%+VAT+POSTAGE -

102 De-Nol tabs; 56 Monit 20mg; 23 Megace 160mg; 126 Neulactil 2.5mg and others. Tel: 0963 250259.

TRADE LESS 50%+VAT+POSTAGE - Welland FSC 932 (32mm); Opaque soft-backed closed bags (6 x 30); Welland FSC 944 (1 x 30). Tel: 0761 434687.

TRADE LESS 30%+VAT+POSTAGE - 30 Dansac 22044-1300; 5 Convatec S320; 10 Bard DT 81-3131; 20 Convatec S302 and 10 x S353. Tel: 0524 64921.

TRADE LESS 30%+VAT+POSTAGE - 6 x 300ml Epilim liquid (exp 2/94). Tel/fax: 081-845 5967.

TRADE LESS 50%+VAT+POSTAGE - Colodress S873 3 x 30; Wafers S100 3 x 5; Flanges S352 1 x 5; Hollister 3535 3 x 15; 1433 2 x 10; 1438 3 x 10; 7331 2 boxes; 7700 8 boxes. Tel: 0761 434687.

TRADE LESS 50%+VAT - 3 x 50ml Sand-immun oral. Tel: 071-237 3710.

ALL LESS 50%+VAT - 9 x 10 x 2ml Sodium Chloride amp .9%; 1 x Colifoam (exp 5/93); 42 Ludiomil 75mg; 128 Aspirin Nu-Seal 600mg; 10 Alkeran 5mg (exp 5/93); 10 x Fortral supps (exp 7/93); 92 Trasacor 160mg; 120 Lioresal 10mg. Tel: 0269 850302.

REASONABLE OFFER invited for 28 Lasilactone; 100 Dipentum and 7 x 100 Cholelodyl 200mg. Tel: 0708 220194.

COST LESS 30% - 100 Pondocillin; 50 Suprax, Sandostatim amps 500mcg/ml 5x5x1ml. Tel: 0480 214355.

FOR SALE

SWIFT KONTIKI 4-berth motor home - turbo diesel. £17,500. Tel: 0742 745403.

ELONEX 286sx 40MB computer. Two floppy drives complete with word processing software (WPS). £350 ono. Tel: 0252 23289 daytime.

SALCOMBE, DEVON - Unique two-bedroom holiday home. Central/ no views/no garden/quiet/secure. Completely refurbished. Freehold. £84,000. Tel: 0225 481079.

RICHARDSON PMR labelling computer (Sanyo), including monitor, keyboard, printer and manuals. £500 ono. Tel: 031-336 3933.

BEAUTIFUL COSTA BRAVA - fishing village, overlooking Med'. Traditionally styled 2 bedroom apartment with en suite plus shower room, dining room, circular lounge, kitchen, balcony with BBQ, pool and garden. Tel: 0923 824185.

VAUXHALL CAVALIER GSi G reg (90). ABS. Electric windows/ sunroof/mirrors. Central locking. 58,000 miles with tsh. Any inspection. £6,500 ono. Tel: 0475 672193.

SAAB 900 TURBO E reg. Grey/black. Average mileage/electrics, alloys/alarms. Excellent condition - FSH. £5,900 ono. Tel 0902 451615.

UNIPOS JILL - Excellent condition. £1,500. Purchase to collect. Tel: 0634 861683 or 0895 632465.

CASSETTE CARRIERS - suitable for Nomad cassettes. Can carry up to 10 cassettes. £35 ono +VAT. Tel: 0323 720712.

WANTED

DIOCTYL tablets - any quantity. Tel: 0622 862840.

NOMAD monitored dosage system. Tel: 021-475 4427.

NORGESIC tabs required for patient that

only responds to them. Tel: 0753 653182. Will pay postage.

OXYGEN DOMICILIARY REGULATORS needed. Will buy even those in need of a service. Tel: 0708 743341.

BAYOLIN CREAM - Any quantity. Tel: 0673 860356.

CASH OFFERED for short or outdated processable colour films - 33mm or 110 negative or slide material. Advise type, size and quantity for offer. Tel: 081-427 1454.

PROPYLTHIORACIL tabs 50mg - 500 required in total. Please ring quantity and price. Also, Laptop or notebook computer with at least 386SX processor. Tel: 0742 397260.

SECONDHAND REGISTER of Pharmaceutical Chemists required. Not more than 5 years old. Tel: 0274 626012.

ACCOMMODATION

GATEWAY TO LAKE DISTRICT, CARNEFORTH - Luxury pine lodges, sleep 4-6, fully furnished, TV, sauna etc. Club and Pine Lake facilities - July-August. Tel: 0253 51494 (day).

FLORIDA, KISSIMMEE - Luxury two-bed villa, sleeps six, near all the major attractions. Available from 16 to 30 May at £300 per week. Tel: 081-520 5820.

FEMALE STUDENT studying English offers exchange in Verona (Italy) for the month of August returning to England in September. Tel: 0296 23818.

LANZAROTE - 5-star luxury accommodation to let for August 1993. Can accommodate up to 8 persons. Rent £300 per week. Tel: 0555 894119.

IMPORTANT

Because demand for free Business Link entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname

First names

Address

. Postcode

Personal RPSGB Registration number

Telephone number

Proposed advertisement copy (maximum 30 words)

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To be included under section Heading

Signed Date

Aboutpeople



Paul Sheppard's pharmacy: a legend in its lunch-time

Lorry smashes into pharmacy

Staff and customers at H. A. Sheppard Pharmacy in Crumlin, South Wales, had a lucky escape earlier this month when a lorry smashed through the front window during the lunch-hour.

Pharmacist Paul Sheppard and his staff were returning to the shop after the lunch break as the accident happened. "The outcome could have been disastrous," says Mr Sheppard.

In the crash Mr Sheppard lost

the whole front of the shop, the roof and part of the side walls. It was seven hours before he could re-enter the property.

Mr Sheppard is now hoping to register an empty property in the village to continue trading until the damage to his shop can be repaired.

Mr Sheppard wishes to express his thanks to all his colleagues for the help, advice and support they have given him since the crash.

Runners move 60,000 feet forward in '93 Marathon

One of the more unusual outfits in last Sunday's London Marathon was a Doktorin latex foot, worn by Janssen Pharmaceutical's Tim Houghton.



He still managed to finish in 5 hrs 16 mins.

All 30,000 Marathon entrants received a "Daktarin Guide to Footcare" in their "goody bags" after the race.

Other foot-conscious participants were the Mycil team

from Crookes Healthcare who were raising money for Tusk Force, a charity to protect elephants. Dick Durrance finished in 3 hrs 15 mins and Keith Cook in 3 hrs 39 mins, but their colleague Tony Young had a good excuse for opting out when his wife went into labour and presented him with a son.

Bradford proprietor pharmacist Ian Conquest ran the course in 3 hrs 43 mins. It was his first marathon, although he has run half marathons in the past.

"It was hard work training but I enjoyed the day and it was easier than I had anticipated," he told C&D. "It was something I had always wanted to do." He is hoping to collect about £350 for Life Education, an organisation which tries to encourage schoolchildren not to misuse drugs.

Pharmacist Dineshchandra H. Patel, of Luton, who was collecting for Guy's Hospital Kids and Kidney Unit, also completed the course.

Toshinobu Sato, from Konica's Tokyo headquarters, came 21st with a time of 2 hrs 17 mins. His personal best is just over 2 hrs 13 mins which placed him third in last year's Beijing Marathon.

The winning time in London on Sunday was 2 hrs 11 mins.

Close shave for C&D's Editor



Next Monday *Chemist & Druggist* Editor John Skelton will sacrifice his beard of 25 years standing to raise money for research into leukaemia in children.

Colgate Palmolive are launching a nationwide "Shave-a-thon" on Monday to raise funds for the Paul O'Gorman Foundation for Children with Leukaemia with a cut-throat shave for Paul Young and other celebrity mugs. C&D's

Editor will be razed then with Palmolive for Men!

Subscribers wishing Mr Skelton to reveal all in next week's issue should send cheques made payable to the Paul O'Gorman Foundation to *Chemist & Druggist*, Editor's

Cut-throat Fund, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

So far Colgate and Benn have each chipped in £500 to find the man behind the beard that launched a thousand stories.

Recognise this pestle and mortar?

Martin Ashelford, of the Abbey Pharmacy, Sherbourne in Dorset, wonders if anyone recognises this jumbo pestle and mortar. It came with the pharmacy and he has heard it is the only one in existence. The mortar is 30ins high and 24ins across, the bowl is 10ins deep and the pestle 62ins long. So far Mr Ashelford has had no luck putting a date to it. If anyone knows its history, Mr Ashelford would like to hear from them on 0935 812060.



Don't dice with lice

“Insect populations that are indefinitely exposed to a single insecticide inevitably develop resistance.”¹



DEVIATED PRESCRIBING INFORMATION

FULL MARKS Lotion,
FULL MARKS Lotion,
FULL MARKS Lotion,
FULL MARKS Lotion,
FULL MARKS Lotion and
FULL MARKS Lotion

Ingredients: DERBAC-C Liquid

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TO help prevent resistance development FOLLOW THE ROTATIONAL POLICY

as recommended by your Regional/District Pharmaceutical Officer
Napp Consumer Products Division have a full range of products to fulfil all requirements of the rotational policy

pyrethroids
(phenothrin)



malathion



carbaryl



“Any incipient resistance which may have developed can then be eliminated by the discontinuance of the first insecticide and the substitution of another for the next three years.”

To find out which product is on rotation in your area, please contact your Regional/District Pharmaceutical Officer or ring the
HEADLICE HELPLINE ON 0223 424444



Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW Date of Preparation: February 1993



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%† chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis, maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. Legal Category P. Date of last revision March 1993. *Source: Milpro Independent Research, 1992. †Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.



SB SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.